

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF OREGON

Case number (if known)

Chapter

7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/19

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Pacific Education Corporation

2. All other names debtor used in the last 8 years  
Include any assumed names, trade names and doing business as names

Pioneer Pacific College  
Oregon Culinary Institute  
Health Career Institute

3. Debtor's federal Employer Identification Number (EIN) 93-0852811

4. Debtor's address Principal place of business

1631 SW Jefferson Street  
Portland, OR 97201

Number, Street, City, State & ZIP Code

Multnomah  
County

Mailing address, if different from principal place of business

PO Box 220162  
Portland, OR 97269

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

See Attachment 1

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) www.pioneerpacific.edu

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

**7. Describe debtor's business**

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

**6113**

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

☒ Chapter 7

☐ Chapter 9

☐ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after that).  
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

☒ No.

☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

☒ No

☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

**11. Why is the case filed in this district?**

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (Check all that apply.)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other**Where is the property?**

Number, Street, City, State &amp; ZIP Code

**Is the property insured?**☐ No☐ Yes. Insurance agency

Contact name

Phone

**Statistical and administrative information****13. Debtor's estimation of available funds**

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors**☐ 1-49☐ 50-99☐ 100-199☒ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **Pacific Education Corporation**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 9/2/2020  
MM / DD / YYYY

**X**   
Signature of authorized representative of debtor

**Don Moutos**  
Printed name

Title CFO/President/Owner

**18. Signature of attorney** **X** /s/ Tara J. Schleicher  
Signature of attorney for debtor

Date 09/03/2020  
MM / DD / YYYY

**Tara J. Schleicher 954021**  
Printed name

**Foster Garvey PC**  
Firm name

**121 SW Morrison St 11th Floor  
Portland, OR 97204-3141**  
Number, Street, City, State & ZIP Code

Contact phone 5032283939 Email address tara.schleicher@foster.com

**954021 OR**  
Bar number and State

**United States Bankruptcy Court  
District of Oregon**

In re **Pacific Education Corporation**

Debtor(s)

Case No.

Chapter

**7**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<u><b>30,000.00</b></u>
Prior to the filing of this statement I have received .....	\$	<u><b>35,000.00</b></u>
Balance Due .....	\$	<u><b>0.00</b></u>

2. The source of the compensation paid to me was:

☒ Debtor      ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor      ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Relief from stay proceedings, motions to sell property, show cause hearings or proceedings, audit or trustee investigations, attendance at any 2004 examinations and any adversary proceedings.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**09/03/2020**

Date

**/s/ Tara J. Schleicher****Tara J. Schleicher 954021**

Signature of Attorney

**Foster Garvey PC****121 SW Morrison St 11th Floor****Portland, OR 97204-3141****5032283939 Fax: 5032260259****tara.schleicher@foster.com**

Name of law firm

Fill in this information to identify the case:

Debtor name Pacific Education Corporation

United States Bankruptcy Court for the: DISTRICT OF OREGON

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 9/2/2020 x   
Signature of individual signing on behalf of debtor

**Don Moutos**  
Printed name

**CFO/President/Owner**  
Position or relationship to debtor

**Fill in this information to identify the case:**Debtor name **Pacific Education Corporation**United States Bankruptcy Court for the: **DISTRICT OF OREGON**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **4,097,603.31****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **4,097,603.31****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **69,592.20****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **1,748,845.97****4. Total liabilities** .....  
Lines 2 + 3a + 3b\$ **1,818,438.17**



**Fill in this information to identify the case:**Debtor name **Pacific Education Corporation**United States Bankruptcy Court for the: **DISTRICT OF OREGON**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Columbia Bank****Commercial Checking /  
General Account****7281****\$64,462.64**3.2. **Columbia Bank****Commercial Checking /  
Funding Account****4871****\$71,300.85****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$135,763.49****Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.  
☒ Yes Fill in the information below.

**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

**Chambers****800 Willamette Street, #750**7.1. **Eugene, OR 97401****\$28,330.00**7.2. **Norris & Stevens  
PO Box 4245****\$20,901.28**



Debtor Pacific Education Corporation Case number (If known) \_\_\_\_\_  
Name  
Portland, OR 97208

7.3. The Round - First and Last \$58,992.69

7.4. Portland Art Museum \$1,600.00

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**  
Description, including name of holder of prepayment

8.1. Corporate Insurance - Cobbs Allen Unknown

8.2. Surety Bond - WB Adams Unknown

8.3. Avast Software \$1,574.40

8.4. Tech Heads \$5,092.80

8.5. Healthcare Providers \$638.68

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$117,129.85

**Part 3: Accounts receivable**

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 3,317,620.09 - 663,524.05 = .... \$2,654,096.04  
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 1,537,397.74 - 768,698.87 = .... \$768,698.87  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$3,422,794.91

Debtor **Pacific Education Corporation**  
Name

Case number (If known)

**Part 4: Investments**

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.  
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies Textbook Inventory (per 2019 Audit)	2019	\$186,007.00	Fair Market	\$93,003.50

23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

**\$93,003.50**

24. Is any of the property listed in Part 5 perishable?

- ☒ No  
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No  
☐ Yes. Book value Valuation method Current Value

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			

Debtor Pacific Education Corporation  
Name

Case number (If known) \_\_\_\_\_

40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software**  
**Office Furniture, office fixtures, office equipment - See Attachment 2**

**\$2,192,743.71**

**Fair Market**

**\$328,911.56**

42. **Collectibles** *Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles*

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

**\$328,911.56**

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☐ No

☒ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☐ No. Go to Part 9.

☒ Yes Fill in the information below.

**General description**

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

**Net book value of debtor's interest**  
(Where available)

**Valuation method used for current value**

**Current value of debtor's interest**

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

48. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

**Culinary Equipment - See Attachment 2 - Depreciation Schedule, See Item 41 above**

**See Item 41 above**

**See Item 41 above**

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

**\$0.00**

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☐ No

☒ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 9: Real property**

54. **Does the debtor own or lease any real property?**

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 4

Debtor Pacific Education Corporation  
Name

Case number (If known) \_\_\_\_\_

☐ No. Go to Part 10.

☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. <b>Lease with The Round</b> <b>4145 SW Watson Ave</b> <b>#300</b> <b>Beaverton, OR 97005</b>		Unknown		Unknown
55.2. <b>Lease for Springfield Campuses (Nursing School):</b> <b>3783 International Court</b> <b>Springfield, OR 97477</b>  <b>and</b>  <b>3800 Sports Way</b> <b>Springfield, OR 97477</b>		Unknown		Unknown
55.3. <b>Lease for Oregon Culinary Institute Campuses:</b> <b>1717 SW Madison Street</b> <b>Portland, OR 97201</b>  <b>and</b>  <b>1701 SW Jefferson Street</b> <b>Portland, OR 97201</b>		Unknown		Unknown
55.4. <b>Server Off-site Location:</b> <b>Flexental</b> <b>23605 NW Huffman Street</b> <b>Hillsboro, OR 97124</b>		Unknown		Unknown

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.  
Copy the total to line 88.

\$0.00

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

☒ No

Debtor Pacific Education Corporation  
Name

Case number (If known) \_\_\_\_\_

☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

☒ No

☐ Yes

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

☐ No. Go to Part 11.

☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets <u>Oregon Culinary Institute</u>	<u>Unknown</u>		<u>Unknown</u>
	<u>Kitchen Ninja - Expired 8/2/2020</u>	<u>Unknown</u>		<u>Unknown</u>
61.	Internet domain names and websites <u>Pioneer Pacific College</u> <u>Oregon Culinary Institute</u> <u>Healthcare Institute</u>	<u>Unknown</u>		<u>Unknown</u>
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations <u>Student Information (Student Master List)</u>	<u>Unknown</u>		<u>Unknown</u>
64.	Other intangibles, or intellectual property			
65.	Goodwill			
66.	Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			<div>\$0.00</div>
67.	Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
68.	Is there an amortization or other similar schedule available for any of the property listed in Part 10? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
69.	Has any of the property listed in Part 10 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes Fill in the information below.

Debtor **Pacific Education Corporation**  
Name

Case number *(If known)* \_\_\_\_\_

Debtor **Pacific Education Corporation**  
Name

Case number (If known)

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$135,763.49</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$117,129.85</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$3,422,794.91</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$93,003.50</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$328,911.56</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$4,097,603.31</u>	+ 91b. <u>\$0.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$4,097,603.31</u>



**Fill in this information to identify the case:**Debtor name **Pacific Education Corporation**United States Bankruptcy Court for the: **DISTRICT OF OREGON**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
<b>2.1 CIT Technology Financial Services</b>	<b>Describe debtor's property that is subject to a lien</b> <b>Copiers/Office Equipment</b>	<b>\$25,265.00</b>	<b>Unknown</b>
Creditor's Name <b>PO Box 100706 Pasadena, CA 91189</b>	<b>Describe the lien</b>		
Creditor's mailing address	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Creditor's email address, if known	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
<b>Date debt was incurred</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Last 4 digits of account number</b>			
<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.			
<b>2.2 Dell Financial Services</b>	<b>Describe debtor's property that is subject to a lien</b> <b>Computer Switches</b>	<b>\$44,327.20</b>	<b>Unknown</b>
Creditor's Name <b>c/o Corporation Service Company 1127 Broadway Street NE Suite 310 Salem, OR 97301</b>	<b>Describe the lien</b>		
Creditor's mailing address	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Creditor's email address, if known	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
<b>Date debt was incurred</b>			
<b>Last 4 digits of account number</b>			

Do multiple creditors have an interest in the same property?

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:  
Check all that apply

- ☒ Contingent
- ☒ Unliquidated
- ☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$69,592.20**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity

**Fill in this information to identify the case:**Debtor name **Pacific Education Corporation**United States Bankruptcy Court for the: **DISTRICT OF OREGON**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim: <b>Precautionary</b>		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2.2	Priority creditor's name and mailing address <b>Lane County, Oregon 125 East 8th Avenue Eugene, OR 97401</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Precautionary</b>		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			

Debtor **Pacific Education Corporation**  
Name

Case number (if known)

2.3 Priority creditor's name and mailing address  
**Multnomah County, Oregon**  
**501 SE Hawthorne Blvd, Suite 400**  
**Portland, OR 97214**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown** **Unknown**

Date or dates debt was incurred

Basis for the claim:  
**Precautionary**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No  
☐ Yes

2.4 Priority creditor's name and mailing address  
**Oregon Department of Revenue**  
**955 Center St NE**  
**Salem, OR 97301**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Unknown** **\$0.00**

Date or dates debt was incurred

Basis for the claim:  
**Precautionary**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No  
☐ Yes

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1 Nonpriority creditor's name and mailing address  
**Aaron L Breckel**  
**38471 Mckenzie Hwy**  
**Springfield, OR 97478**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Unknown**

Basis for the claim: \_\_\_\_

Is the claim subject to offset? ☐ No ☒ Yes

3.2 Nonpriority creditor's name and mailing address  
**Aaron W Ross Elkinton**  
**362 NE 34th Pl**  
**Hillsboro, OR 97124**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Unknown**

Basis for the claim: \_\_\_\_

Is the claim subject to offset? ☐ No ☒ Yes

3.3 Nonpriority creditor's name and mailing address  
**Abigale Stowell**  
**6112 SE 55th Ave**  
**Portland, OR 97206**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Unknown**

Basis for the claim: \_\_\_\_

Is the claim subject to offset? ☐ No ☒ Yes

3.4	<b>Nonpriority creditor's name and mailing address</b> <b>Adler R Robinson-Verdugo</b> <b>22615 West Bluff Drive</b> <b>West Linn, OR 97068</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.5	<b>Nonpriority creditor's name and mailing address</b> <b>Adrien Gault</b> <b>8075 N Edison Street</b> <b>Portland, OR 97203</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Aidan Mathews</b> <b>1701 SW Columbia St Apt 501</b> <b>Portland, OR 97201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Alejandra Garcia</b> <b>3990 SW Minter Bridge Rd</b> <b>Hillsboro, OR 97123</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>Alexa Rugbart</b> <b>9627 SW 52nd Ave</b> <b>Portland, OR 97219</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>Alexandra Judge</b> <b>2107 Birchwood Ave</b> <b>Eugene, OR 97401</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>Alexandra Press</b> <b>5545 Kilchurn Ave</b> <b>Lake Oswego, OR 97035</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Pacific Education Corporation**  
Name

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3.11	<b>Nonpriority creditor's name and mailing address</b> <b>Alexandria Leyson</b> <b>2349 S Alpine St</b> <b>Cornelius, OR 97113</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.12	<b>Nonpriority creditor's name and mailing address</b> <b>Alexis Riggs</b> <b>773 NW 13th St #414</b> <b>Gresham, OR 97030</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.13	<b>Nonpriority creditor's name and mailing address</b> <b>Alexys N Dolan</b> <b>PO Box 904</b> <b>Drain, OR 97435</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>Alka S Sola</b> <b>432 SE Baseline St</b> <b>Hillsboro, OR 97123</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Allison C Burruss</b> <b>650 Mill St</b> <b>Apt 9</b> <b>Springfield, OR 97477</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>Allstream</b> <b>18110 SE 34th St</b> <b>Bldg 1, Suite 100</b> <b>Vancouver, WA 98683</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$342.59</b>
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>Allyse J Bowen</b> <b>PO Box 749</b> <b>Elkton, OR 97436</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

Debtor	<b>Pacific Education Corporation</b> <small>Name</small>	Case number (if known) _____
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<b>3.18</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Alonna N Mills</b> <b>2143 Laura St</b> <b>Springfield, OR 97477</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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<b>3.19</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Alyse R Meadows</b> <b>PO Box 7552</b> <b>Springfield, OR 97475</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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<b>3.20</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Alyshia B Baker</b> <b>3033 Gateway St</b> <b>#9</b> <b>Springfield, OR 97477</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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<b>3.21</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Alyson B Lynch</b> <b>4885 Aster St</b> <b>#192</b> <b>Springfield, OR 97478</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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<b>3.22</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Alyssa C Manes</b> <b>PO Box 1286</b> <b>La Pine, OR 97739</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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<b>3.23</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Alyssa Cornelison</b> <b>217 8th Ave</b> <b>Helena, MT 59601</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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<b>3.24</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Alyssa Kim</b> <b>15229 SE Chelsea Morning DR</b> <b>Happy Valley, OR 97086</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.25	<b>Nonpriority creditor's name and mailing address</b> <b>Amanda Channel</b> <b>1259 SW Kiley Wy #98</b> <b>Beaverton, OR 97006</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.26	<b>Nonpriority creditor's name and mailing address</b> <b>Amanda N Dodson</b> <b>59 Honer Ln</b> <b>Creswell, OR 97426</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.27	<b>Nonpriority creditor's name and mailing address</b> <b>Amro Ezzat</b> <b>14712 SW Scholls Ferry Rd Apt 324</b> <b>Beaverton, OR 97007</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>Amy D Robillard</b> <b>2580 Park View Dr</b> <b>Eugene, OR 97408</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.29	<b>Nonpriority creditor's name and mailing address</b> <b>Amy E Guyer</b> <b>9200 SW Arapaho Rd</b> <b>Tualatin, OR 97062</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.30	<b>Nonpriority creditor's name and mailing address</b> <b>Andrew Brown</b> <b>4300 NE Prescott St</b> <b>Portland, OR 97218</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.31	<b>Nonpriority creditor's name and mailing address</b> <b>Andrew Layne</b> <b>13438 SE Red Rose Lane</b> <b>Happy Valley, OR 97015</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

3.32	<b>Nonpriority creditor's name and mailing address</b> <b>Angalena M Ortiz</b> <b>1098 NW Briarcreek Wy #423</b> <b>Beaverton, OR 97006</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.33	<b>Nonpriority creditor's name and mailing address</b> <b>Angela A Fields</b> <b>540 S 15th St</b> <b>Lebanon, OR 97355</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.34	<b>Nonpriority creditor's name and mailing address</b> <b>Angela M Clark</b> <b>1965 37th Cir</b> <b>Sweet Home, OR 97386</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.35	<b>Nonpriority creditor's name and mailing address</b> <b>Anita M Westlund</b> <b>87909 Misty Ln</b> <b>Veneta, OR 97487</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.36	<b>Nonpriority creditor's name and mailing address</b> <b>Annabelle C Pitcher</b> <b>7156 N Mobile Ave</b> <b>Portland, OR 97217</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.37	<b>Nonpriority creditor's name and mailing address</b> <b>Annalee Merritt</b> <b>11700 SW Butner Rd Apt 106</b> <b>Portland, OR 97225</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.38	<b>Nonpriority creditor's name and mailing address</b> <b>Anne Barron</b> <b>2550 Laurel Hill Dr</b> <b>Eugene, OR 97403</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

3.39	<b>Nonpriority creditor's name and mailing address</b> <b>Anne M Belluardo</b> <b>205 NE 148th Ave #C</b> <b>Portland, OR 97230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.40	<b>Nonpriority creditor's name and mailing address</b> <b>Ariana E Farrell</b> <b>8508 N Gilbert Ave</b> <b>Portland, OR 97203</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.41	<b>Nonpriority creditor's name and mailing address</b> <b>Ariane Medina</b> <b>310 SE 37th Ave</b> <b>Hillsboro, OR 97123</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.42	<b>Nonpriority creditor's name and mailing address</b> <b>Ashlen G Carreira</b> <b>2450 SW Leonard St Apt #5</b> <b>Corvallis, OR 97333</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.43	<b>Nonpriority creditor's name and mailing address</b> <b>Ashley M Rose</b> <b>1680 Ivy St Apt A</b> <b>Junction City, OR 97448</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.44	<b>Nonpriority creditor's name and mailing address</b> <b>Ashley M Stotz</b> <b>38945 Sodaville Waterloo Dr</b> <b>Lebanon, OR 97355</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.45	<b>Nonpriority creditor's name and mailing address</b> <b>Ashley Reardon</b> <b>1811 NE 66th St</b> <b>Vancouver, WA 98665</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

3.46	<b>Nonpriority creditor's name and mailing address</b> <b>Ashley Scully</b> <b>2000 NE 112th Ave Apt A12</b> <b>Vancouver, WA 98684</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.47	<b>Nonpriority creditor's name and mailing address</b> <b>Ashley Torres Ruiz</b> <b>1158 N Davis St</b> <b>Cornelius, OR 97113</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.48	<b>Nonpriority creditor's name and mailing address</b> <b>Austin A Antczak</b> <b>229 NE Monroe St</b> <b>Portland, OR 97212</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.49	<b>Nonpriority creditor's name and mailing address</b> <b>Austin Hinz</b> <b>1817 Silverstone Dr</b> <b>Forest Grove, OR 97116</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.50	<b>Nonpriority creditor's name and mailing address</b> <b>Autumn Sampson</b> <b>449 Barclay Ave</b> <b>Oregon City, OR 97045</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.51	<b>Nonpriority creditor's name and mailing address</b> <b>Bayley R Seaton-Wade</b> <b>1412 S 57th St</b> <b>Springfield, OR 97478</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.52	<b>Nonpriority creditor's name and mailing address</b> <b>Beth R Albertini</b> <b>3087 Lord Byron Pl</b> <b>Eugene, OR 97408</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

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3.53	<b>Nonpriority creditor's name and mailing address</b> <b>Bethany L Neimiller</b> <b>PO Box 41133</b> <b>Eugene, OR 97404</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.54	<b>Nonpriority creditor's name and mailing address</b> <b>Bonnie J Harvey</b> <b>3359 NW Walnut Blvd</b> <b>Corvallis, OR 97330</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.55	<b>Nonpriority creditor's name and mailing address</b> <b>Braedyn K Evans</b> <b>648 St Andrews Lp</b> <b>Creswell, OR 97426</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.56	<b>Nonpriority creditor's name and mailing address</b> <b>Brenda C Torres Sanchez</b> <b>839 S 68th St</b> <b>Springfield, OR 97478</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.57	<b>Nonpriority creditor's name and mailing address</b> <b>Brenna M Bartlett</b> <b>6731 Aster St</b> <b>Springfield, OR 97478</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.58	<b>Nonpriority creditor's name and mailing address</b> <b>Brian Wilke</b> <b>c/o Matthew D. Colley, Attorney</b> <b>Black Helterline LLP</b> <b>805 SW Broadway, Suite 1900</b> <b>Portland, OR 97205</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$587,875.27</b>
3.59	<b>Nonpriority creditor's name and mailing address</b> <b>Briana Perez</b> <b>1955 SW 5th Ave Apt 722 Bedspace - B</b> <b>Portland, OR 97201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

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3.60	<b>Nonpriority creditor's name and mailing address</b> <b>Briane Lozzi</b> <b>3181 NE 23rd St Apt O1100</b> <b>Gresham, OR 97030</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.61	<b>Nonpriority creditor's name and mailing address</b> <b>Brittani M Perkins</b> <b>1265 Seventh St</b> <b>Springfield, OR 97477</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.62	<b>Nonpriority creditor's name and mailing address</b> <b>Brittany Quam</b> <b>601 Cowlitz Way</b> <b>Kelso, WA 98626</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.63	<b>Nonpriority creditor's name and mailing address</b> <b>Brooke N Larson</b> <b>1340 Mill St</b> <b>#103</b> <b>Eugene, OR 97401</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.64	<b>Nonpriority creditor's name and mailing address</b> <b>Bryana C Swaim</b> <b>25745 Hall Rd</b> <b>Junction City, OR 97448</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.65	<b>Nonpriority creditor's name and mailing address</b> <b>Builder's Electric, Inc.</b> <b>195 Madison St</b> <b>Eugene, OR 97402</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>6961</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$180.00</b>
3.66	<b>Nonpriority creditor's name and mailing address</b> <b>Caitlin Tessier</b> <b>2808 N Willamette Blvd</b> <b>Portland, OR 97217</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

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<b>3.67</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Cameron Stephens</b> <b>706 West Central Ave</b> <b>Bentonville, AR 72712</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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<b>3.68</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Cameron V Lindsey</b> <b>93 Owosso Dr</b> <b>Eugene, OR 97404</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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<b>3.69</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Candice L Posey</b> <b>151 Heavenly Ct</b> <b>Sutherlin, OR 97479</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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<b>3.70</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Cascade Health Solutions</b> <b>2650 Suzanne Way</b> <b>Suite 200</b> <b>Eugene, OR 97408</b> Date(s) debt was incurred <u>5/6/2020</u> Last 4 digits of account number <u>5417</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$96.50</b>
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<b>3.71</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Cassandra Rayford</b> <b>5534 SE 61st Ave</b> <b>Portland, OR 97206</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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<b>3.72</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Cassidy R Coulter</b> <b>1914 Fifth St</b> <b>Apt 45</b> <b>Springfield, OR 97477</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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<b>3.73</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Cassidy S Braverman</b> <b>188 Hardy Ave</b> <b>Eugene, OR 97404</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.74	<b>Nonpriority creditor's name and mailing address</b> <b>Celina B Ivey</b> <b>2625 17th Place</b> <b>Forest Grove, OR 97116</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.75	<b>Nonpriority creditor's name and mailing address</b> <b>CenturyLink</b> <b>700 West Mineral Ave</b> <b>M Floor</b> <b>Monroe, LA 71203-8012</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$236.12</b>
3.76	<b>Nonpriority creditor's name and mailing address</b> <b>Chadam Odell</b> <b>77928 Delena Mayger Rd.</b> <b>Rainier, OR 97048</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.77	<b>Nonpriority creditor's name and mailing address</b> <b>Chalice M Crandall</b> <b>2146 Minnesota St</b> <b>Eugene, OR 97402</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.78	<b>Nonpriority creditor's name and mailing address</b> <b>Charli J Chalker</b> <b>13456 SW Hawks Beard Street #1532</b> <b>Portland, OR 97223</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.79	<b>Nonpriority creditor's name and mailing address</b> <b>Chelsea A Robinson</b> <b>522 Madsen Loop</b> <b>Carlton, OR 97111</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.80	<b>Nonpriority creditor's name and mailing address</b> <b>Chelsea D Slone</b> <b>27868 Riggs Hill Rd</b> <b>Foster, OR 97345</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

3.81	<b>Nonpriority creditor's name and mailing address</b> <b>Chelsea L Veltri</b> <b>789 Old Orchard Ln</b> <b>Springfield, OR 97477</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.82	<b>Nonpriority creditor's name and mailing address</b> <b>Cheyenne Harris</b> <b>1620 NW 14th Ave Apt #1107</b> <b>Portland, OR 97209</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.83	<b>Nonpriority creditor's name and mailing address</b> <b>Chloe Bott</b> <b>4487 SW Stoddard Dr.</b> <b>Aloha, OR 97007</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.84	<b>Nonpriority creditor's name and mailing address</b> <b>Christian J Root</b> <b>5911 SW Southview Pl</b> <b>Portland, OR 97219</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.85	<b>Nonpriority creditor's name and mailing address</b> <b>Christian Powell</b> <b>105 Lynn Dr.</b> <b>Newberg, OR 97132</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.86	<b>Nonpriority creditor's name and mailing address</b> <b>Christopher Behr</b> <b>1329 SW 14th Ave Apt 304</b> <b>Portland, OR 97201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.87	<b>Nonpriority creditor's name and mailing address</b> <b>Christopher Loder</b> <b>32911 SW Oakview Ct</b> <b>Cornelius, OR 97113</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Pacific Education Corporation**  
Name

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3.88	<b>Nonpriority creditor's name and mailing address</b> <b>City of Portland</b> <b>1221 SW 4th Avenue</b> <b>Suite 430</b> <b>Portland, OR 97204</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$587.50</b>
3.89	<b>Nonpriority creditor's name and mailing address</b> <b>Cody B Allison</b> <b>18540 SW Boones Ferry Rd #J-1</b> <b>Tualatin, OR 97062</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.90	<b>Nonpriority creditor's name and mailing address</b> <b>Cody Kachelein</b> <b>1631 SW Yamhill St Apt 206</b> <b>Portland, OR 97205</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.91	<b>Nonpriority creditor's name and mailing address</b> <b>Colan Balkwell</b> <b>1717 SW Park Ave #708</b> <b>Portland, OR 97201</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.92	<b>Nonpriority creditor's name and mailing address</b> <b>Colin M Leech</b> <b>16491 Hiram Ave</b> <b>Oregon City, OR 97045</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.93	<b>Nonpriority creditor's name and mailing address</b> <b>Collin Austin</b> <b>925 I Street</b> <b>Sparks, NV 89431</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.94	<b>Nonpriority creditor's name and mailing address</b> <b>Comcast Business</b> <b>780 Commercial St SE</b> <b>Suite 100</b> <b>Salem, OR 97301</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,207.02</b>

Debtor	<b>Pacific Education Corporation</b> Name	Case number (if known) _____
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3.95	<b>Nonpriority creditor's name and mailing address</b> <b>Conrad P Michell</b> <b>3661 SE Nehalem St</b> <b>Portland, OR 97202</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.96	<b>Nonpriority creditor's name and mailing address</b> <b>Courtanie R Toddy</b> <b>1401 E 10th St</b> <b>Newberg, OR 97132</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.97	<b>Nonpriority creditor's name and mailing address</b> <b>Courtney C Dempsey</b> <b>35455 Hendricks Rd</b> <b>Creswell, OR 97426</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.98	<b>Nonpriority creditor's name and mailing address</b> <b>Crystal Cardenas</b> <b>1717 SW Park Ave Apt 824</b> <b>Portland, OR 97201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.99	<b>Nonpriority creditor's name and mailing address</b> <b>Cynthia Arellano</b> <b>457 S Manzanita Ct.</b> <b>Canby, OR 97013</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.100	<b>Nonpriority creditor's name and mailing address</b> <b>Cynthia Dillman</b> <b>1145 Rural Ave. S.E. Apt. 4</b> <b>Salem, OR 97302</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.101	<b>Nonpriority creditor's name and mailing address</b> <b>Damian D Stowbunenko Saitschenko</b> <b>643 Sterling Dr</b> <b>Eugene, OR 97404</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Pacific Education Corporation**  
Name

Case number (if known)

3.102	<b>Nonpriority creditor's name and mailing address</b> <b>Daniel J Hovet</b> <b>2454 17th St</b> <b>Springfield, OR 97477</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.103	<b>Nonpriority creditor's name and mailing address</b> <b>Daniel J Moore</b> <b>2500 Lyon St SE</b> <b>Albany, OR 97322</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.104	<b>Nonpriority creditor's name and mailing address</b> <b>Daniel Zysk</b> <b>33360 SW Rogers Rd</b> <b>Scappoose, OR 97056</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.105	<b>Nonpriority creditor's name and mailing address</b> <b>Daniela Tapia Reyes</b> <b>250 NW 181st Ave</b> <b>Beaverton, OR 97006</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.106	<b>Nonpriority creditor's name and mailing address</b> <b>Danielle Herrington</b> <b>7425 SW Aloma Way Apt 2</b> <b>Portland, OR 97223</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.107	<b>Nonpriority creditor's name and mailing address</b> <b>Darrienne R De La Rosa</b> <b>9065 Trask River Rd</b> <b>Tillamook, OR 97141</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.108	<b>Nonpriority creditor's name and mailing address</b> <b>David N Langtry</b> <b>35440 SE Hwy 211 Unit 29</b> <b>Boring, OR 97009</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

Debtor	<b>Pacific Education Corporation</b> <small>Name</small>	Case number (if known) _____
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<b>3.109</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Deakota J Marquez</b> <b>88791 Conrad Rd</b> <b>Veneta, OR 97487</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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<b>3.110</b>	<b>Nonpriority creditor's name and mailing address</b> <b>DeAnna R Gritzmacher</b> <b>9700 SW Tualatin Rd #23</b> <b>Tualatin, OR 97062</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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<b>3.111</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Deborah M. Pasi-Erwin</b> <b>634-2 La Salle St</b> <b>Harrisburg, OR 97446</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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<b>3.112</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Devin McGill</b> <b>2278 SE 171st Ave</b> <b>Portland, OR 97233</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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<b>3.113</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Devon S Shaw</b> <b>1955 SW 5th Ave #672</b> <b>Portland, OR 97201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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<b>3.114</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Devon Ward</b> <b>3615 SW Huber St</b> <b>Portland, OR 97219</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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<b>3.115</b>	<b>Nonpriority creditor's name and mailing address</b> <b>DialogTech</b> <b>120 S Riverside Plaza</b> <b>Suite 1100</b> <b>Chicago, IL 60606</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>5168</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$184.47</b>
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Debtor **Pacific Education Corporation**  
Name

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3.116	Nonpriority creditor's name and mailing address <b>Diana Gray</b> <b>9750 NW Sweetwater Ln</b> <b>Portland, OR 97211</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.117	Nonpriority creditor's name and mailing address <b>Dillon Gleave</b> <b>9457 N Bristol Ave #9</b> <b>Portland, OR 97203</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.118	Nonpriority creditor's name and mailing address <b>Dimond D Huntley</b> <b>1978 Fircrest Dr</b> <b>Eugene, OR 97403</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.119	Nonpriority creditor's name and mailing address <b>Donna Fleming</b> <b>1205 SE 165th Ave</b> <b>Portland, OR 97233</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.120	Nonpriority creditor's name and mailing address <b>Drew Vanderbilt</b> <b>3359 SE Powell Valley Rd Apt 104</b> <b>Gresham, OR 97080</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.121	Nonpriority creditor's name and mailing address <b>EBSCO Subscription Services</b> <b>10 Estes Street</b> <b>Ipswich, MA 01938</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,102.75</b>
3.122	Nonpriority creditor's name and mailing address <b>Edan Nelson</b> <b>3230 NE 29th Street</b> <b>Gresham, OR 97030</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>



Debtor **Pacific Education Corporation**  
Name

Case number (if known)

3.123	<b>Nonpriority creditor's name and mailing address</b> <b>Elizabeth J Middleton</b> <b>914 N Van Duyn St</b> <b>Eugene, OR 97401</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.124	<b>Nonpriority creditor's name and mailing address</b> <b>Elizabeth-Ann Graham</b> <b>1825 Bryant Ave</b> <b>Cottage Grove, OR 97424</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.125	<b>Nonpriority creditor's name and mailing address</b> <b>Eloria Robinson</b> <b>12506 16th St NE Apt G8</b> <b>Lake Stevens, WA 98258</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.126	<b>Nonpriority creditor's name and mailing address</b> <b>Elvia Y Kester</b> <b>36012 Pittsburg Rd</b> <b>Saint Helens, OR 97051</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.127	<b>Nonpriority creditor's name and mailing address</b> <b>Emily Kortlever</b> <b>6501 NE Cherry Dr, Apt 1219</b> <b>Hillsboro, OR 97124</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.128	<b>Nonpriority creditor's name and mailing address</b> <b>Eric Stromquist</b> <b>3990 Abbey Ln</b> <b>Unit 203</b> <b>Astoria, OR 97103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.129	<b>Nonpriority creditor's name and mailing address</b> <b>Erica P Croxen</b> <b>3450 Cabernet Ln</b> <b>Eugene, OR 97404</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

3.130	Nonpriority creditor's name and mailing address <b>Erick Schwarz</b> <b>8287 SW Wilderland Ct.</b> <b>Portland, OR 97224</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<u>Unknown</u>
3.131	Nonpriority creditor's name and mailing address <b>Erika J Sanchez Arias</b> <b>1500 S Sandoz Rd #29</b> <b>Newberg, OR 97132</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<u>Unknown</u>
3.132	Nonpriority creditor's name and mailing address <b>Erin J Chaney</b> <b>161 1/2 18th St</b> <b>Springfield, OR 97477</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<u>Unknown</u>
3.133	Nonpriority creditor's name and mailing address <b>Erin M McLean</b> <b>1215 NW 23rd Apt 11</b> <b>Corvallis, OR 97330</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<u>Unknown</u>
3.134	Nonpriority creditor's name and mailing address <b>Errinn E Voorhies</b> <b>1639 River Rd</b> <b>Eugene, OR 97404</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<u>Unknown</u>
3.135	Nonpriority creditor's name and mailing address <b>Estarion Sunborn</b> <b>3204 NE 62nd Ave</b> <b>Portland, OR 97213</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<u>Unknown</u>
3.136	Nonpriority creditor's name and mailing address <b>Evan Bloom</b> <b>1630 SW Clay St 2A</b> <b>Portland, OR 97201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<u>Unknown</u>

3.137	<b>Nonpriority creditor's name and mailing address</b> <b>Evangeline Mills</b> <b>1631 SW Yamhill St #101</b> <b>Portland, OR 97205</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.138	<b>Nonpriority creditor's name and mailing address</b> <b>Evelyn V Ayala Salazar</b> <b>6551 A St</b> <b>Springfield, OR 97478</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.139	<b>Nonpriority creditor's name and mailing address</b> <b>Faith S Dotson</b> <b>757 NE Clover Ave</b> <b>Roseburg, OR 97470</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.140	<b>Nonpriority creditor's name and mailing address</b> <b>Florita D Eubanks</b> <b>2747 N Holladay Dr</b> <b>Cornelius, OR 97113</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.141	<b>Nonpriority creditor's name and mailing address</b> <b>Frank Peoples</b> <b>19211 SE Yamhill St #21</b> <b>Portland, OR 97233</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.142	<b>Nonpriority creditor's name and mailing address</b> <b>Garrett McClatchey</b> <b>3353 SE Birdhouse Way</b> <b>Hillsboro, OR 97123</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.143	<b>Nonpriority creditor's name and mailing address</b> <b>Garrett W Brittain</b> <b>2333 N Terry St Spc 53</b> <b>Eugene, OR 97402</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

Debtor	<b>Pacific Education Corporation</b> <small>Name</small>	Case number (if known) _____
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3.144	<b>Nonpriority creditor's name and mailing address</b> <b>Gladis Y Sanchez</b> <b>811 Orchard Ln</b> <b>Roseburg, OR 97471</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.145	<b>Nonpriority creditor's name and mailing address</b> <b>Gladys C Perreira</b> <b>14270 SW Bull Mountain Rd</b> <b>Portland, OR 97224</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.146	<b>Nonpriority creditor's name and mailing address</b> <b>Google</b> <b>1600 Amphitheatre Parkway</b> <b>Mountain View, CA 94043</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3837</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$47.01</b>
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3.147	<b>Nonpriority creditor's name and mailing address</b> <b>Grace Schwarzer</b> <b>10292 SW Taylor St</b> <b>Portland, OR 97225</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.148	<b>Nonpriority creditor's name and mailing address</b> <b>Grant Gruber</b> <b>14232 Kimberly Circle</b> <b>Lake Oswego, OR 97035</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.149	<b>Nonpriority creditor's name and mailing address</b> <b>Guardian Security &amp; Protection Services</b> <b>71 Centennial Loop</b> <b>Suite C</b> <b>Eugene, OR 97401</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3537</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,933.00</b>
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3.150	<b>Nonpriority creditor's name and mailing address</b> <b>Haley M Markland</b> <b>1020 Skipper Ave</b> <b>Eugene, OR 97404</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Pacific Education Corporation**  
Name

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3.151	<b>Nonpriority creditor's name and mailing address</b> <b>Halle E VanNatta</b> <b>1221 SW 11th Ave Apt 215</b> <b>Portland, OR 97205</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.152	<b>Nonpriority creditor's name and mailing address</b> <b>Hannah Barchini</b> <b>3025 SE 118th Ave</b> <b>Portland, OR 97266</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.153	<b>Nonpriority creditor's name and mailing address</b> <b>Hannah Boyer</b> <b>1551 SW Taylor St Unit 410</b> <b>Portland, OR 97205</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.154	<b>Nonpriority creditor's name and mailing address</b> <b>Hayley B Jackson</b> <b>45556 S Gatecreek Rd</b> <b>Vida, OR 97488</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.155	<b>Nonpriority creditor's name and mailing address</b> <b>Hayley M Pletcher</b> <b>675 Nebraska St</b> <b>Eugene, OR 97402</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.156	<b>Nonpriority creditor's name and mailing address</b> <b>Heather M Serafin</b> <b>38168 Place Rd</b> <b>Fall Creek, OR 97438</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.157	<b>Nonpriority creditor's name and mailing address</b> <b>Heather Rawlinson</b> <b>8122 SW Lori Way</b> <b>Beaverton, OR 97007</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

Name

3.158	Nonpriority creditor's name and mailing address <b>Hector Munoz</b> <b>197 Crestwood St</b> <b>Fairview, OR 97024</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.159	Nonpriority creditor's name and mailing address <b>Hope G Melum</b> <b>4225 NW Columbia Ave</b> <b>Portland, OR 97229</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.160	Nonpriority creditor's name and mailing address <b>Howard Cager</b> <b>9520 NE 72nd St</b> <b>Vancouver, WA 98662</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.161	Nonpriority creditor's name and mailing address <b>Ian Grant</b> <b>4724 NE 104th Ave</b> <b>Portland, OR 97220</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.162	Nonpriority creditor's name and mailing address <b>Idongesit Essien</b> <b>21506 SW Frammy Way</b> <b>Hillsboro, OR 97003</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.163	Nonpriority creditor's name and mailing address <b>Ingrid Perez Cruz</b> <b>4989 North Way</b> <b>Eugene, OR 97402</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.164	Nonpriority creditor's name and mailing address <b>Iron Mountain</b> <b>c/o Corporation Service Company</b> <b>1127 Broadway Street NE</b> <b>Suite 310</b> <b>Salem, OR 97301</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>W958</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$157.01</b>

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3.165	<b>Nonpriority creditor's name and mailing address</b> <b>Izabella M Burnett</b> <b>4795 Franklin Blvd Spc 58</b> <b>Eugene, OR 97403</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.166	<b>Nonpriority creditor's name and mailing address</b> <b>Jack D Tschetter</b> <b>2901 Galaxy Way</b> <b>Grants Pass, OR 97527</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.167	<b>Nonpriority creditor's name and mailing address</b> <b>Jackson Beckley</b> <b>1435 NW 133rd Ave</b> <b>Portland, OR 97229</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.168	<b>Nonpriority creditor's name and mailing address</b> <b>Jackson J Hoene</b> <b>1630 SW Clay #2A</b> <b>Portland, OR 97201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.169	<b>Nonpriority creditor's name and mailing address</b> <b>Jacob A Holland</b> <b>5919 NW St Helens Rd # 2</b> <b>Portland, OR 97210</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.170	<b>Nonpriority creditor's name and mailing address</b> <b>Jacob Almanza</b> <b>430 SW 13th Ave Apt 1106</b> <b>Portland, OR 97205</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.171	<b>Nonpriority creditor's name and mailing address</b> <b>Jacob C. Babcock</b> <b>932 Marquet Way</b> <b>Eugene, OR 97401</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

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3.172	<b>Nonpriority creditor's name and mailing address</b> <b>Jacob P Mullen</b> <b>9101 SW Sweek Dr</b> <b>Tualatin, OR 97062</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.173	<b>Nonpriority creditor's name and mailing address</b> <b>Jacqueline Gonzalez Leon</b> <b>109 Keenon Dr</b> <b>Garibaldi, OR 97118</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.174	<b>Nonpriority creditor's name and mailing address</b> <b>Jacqueline Hipolito Hernandez</b> <b>13426 SE Division St</b> <b>Portland, OR 97236</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.175	<b>Nonpriority creditor's name and mailing address</b> <b>Jaime L Pruett</b> <b>5145 Cedar St SE</b> <b>Turner, OR 97392</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.176	<b>Nonpriority creditor's name and mailing address</b> <b>Jamie M Stevens</b> <b>1893 Oakville Crossing</b> <b>Eugene, OR 97402</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.177	<b>Nonpriority creditor's name and mailing address</b> <b>Jasmaine F Uiagalelei</b> <b>18840 NW Rockcreek Circle #285</b> <b>Portland, OR 97229</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.178	<b>Nonpriority creditor's name and mailing address</b> <b>Jasmine J Arment Prince</b> <b>1071 S 55th St</b> <b>Springfield, OR 97478</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>



3.179	<b>Nonpriority creditor's name and mailing address</b> <b>Jasmine Sosa</b> <b>3064 Second St</b> <b>Hubbard, OR 97032</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.180	<b>Nonpriority creditor's name and mailing address</b> <b>Jasmine Wong</b> <b>18475 SW Anna Mae Ln</b> <b>Hillsboro, OR 97003</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.181	<b>Nonpriority creditor's name and mailing address</b> <b>Jason L Eyle Jr.</b> <b>1630 NE 235th Ave</b> <b>Troutdale, OR 97060</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.182	<b>Nonpriority creditor's name and mailing address</b> <b>Jazmin Rodriguez</b> <b>624 S Heather St</b> <b>Cornelius, OR 97113</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.183	<b>Nonpriority creditor's name and mailing address</b> <b>Jeanne M Ducham</b> <b>5409 SE Nehalem St</b> <b>Portland, OR 97206</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.184	<b>Nonpriority creditor's name and mailing address</b> <b>Jehan L Segal</b> <b>1831 SE Hawthorne Blvd, Apt 309</b> <b>Portland, OR 97214</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.185	<b>Nonpriority creditor's name and mailing address</b> <b>Jenna M Calloway</b> <b>535 49th St</b> <b>Springfield, OR 97478</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

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3.186	<b>Nonpriority creditor's name and mailing address</b> <b>Jennie Jorgens</b> <b>1314 R Street Apt 2</b> <b>Springfield, OR 97477</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.187	<b>Nonpriority creditor's name and mailing address</b> <b>Jennifer G Millett</b> <b>1963 SW Camelot Ct</b> <b>Portland, OR 97225</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.188	<b>Nonpriority creditor's name and mailing address</b> <b>Jennifer Matheny</b> <b>1650 NE 32 Ave. Apt 318</b> <b>Portland, OR 97232</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.189	<b>Nonpriority creditor's name and mailing address</b> <b>Jennifer R Kyser</b> <b>6081 Landmark Ln</b> <b>Eugene, OR 97402</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.190	<b>Nonpriority creditor's name and mailing address</b> <b>Jeremiah Langbehn</b> <b>52184 Foxtail Rd</b> <b>La Pine, OR 97739</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.191	<b>Nonpriority creditor's name and mailing address</b> <b>Jerrie Grady III</b> <b>7322 N Westanna Ave</b> <b>Portland, OR 97203</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.192	<b>Nonpriority creditor's name and mailing address</b> <b>Jessica M Ramirez</b> <b>20088 Beth Ave Unit 1</b> <b>Bend, OR 97702</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.193	<b>Nonpriority creditor's name and mailing address</b> <b>Jessica Monserrate</b> <b>4150 SW Brixton Ave</b> <b>Gresham, OR 97080</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.194	<b>Nonpriority creditor's name and mailing address</b> <b>Jessica P Lopez</b> <b>14575 Southwest 83rd Court</b> <b>Portland, OR 97224</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.195	<b>Nonpriority creditor's name and mailing address</b> <b>Jesus Garcia Mandujano</b> <b>3839 Pacific Ave Unit 155</b> <b>Forest Grove, OR 97116</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.196	<b>Nonpriority creditor's name and mailing address</b> <b>Jetsany Garcia Silva</b> <b>1381 SW Bella Terr</b> <b>Hillsboro, OR 97003</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.197	<b>Nonpriority creditor's name and mailing address</b> <b>Jharline Cortes Ramirez</b> <b>829 Pana St</b> <b>Woodburn, OR 97071</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.198	<b>Nonpriority creditor's name and mailing address</b> <b>Jo E Mitchell</b> <b>5495 A St #44</b> <b>Springfield, OR 97478</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.199	<b>Nonpriority creditor's name and mailing address</b> <b>Jodie L Searle</b> <b>4765 Satter Dr NE</b> <b>Salem, OR 97305</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

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3.200	<b>Nonpriority creditor's name and mailing address</b> <b>John J McGlennon</b> <b>950 SW 21st Ave Apt 413</b> <b>Portland, OR 97205</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.201	<b>Nonpriority creditor's name and mailing address</b> <b>Jonathan Barrett</b> <b>715 Mango Loop #218</b> <b>Austin, AR 72007</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.202	<b>Nonpriority creditor's name and mailing address</b> <b>Jordyn N Lynch</b> <b>PO Box 36</b> <b>Dayton, OR 97114</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.203	<b>Nonpriority creditor's name and mailing address</b> <b>Jose A Martines Ayala</b> <b>575 S 12th Ave</b> <b>Cornelius, OR 97113</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.204	<b>Nonpriority creditor's name and mailing address</b> <b>Jose Llana</b> <b>732 NW 129 Ave</b> <b>Miami, FL 33182</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.205	<b>Nonpriority creditor's name and mailing address</b> <b>Joshua Anderson</b> <b>39731 Wall St.</b> <b>Sandy, OR 97055</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.206	<b>Nonpriority creditor's name and mailing address</b> <b>Joshua D Salm</b> <b>4495 42nd Ave</b> <b>Salem, OR 97305</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

Debtor	<b>Pacific Education Corporation</b> Name	Case number (if known) _____
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3.207	<b>Nonpriority creditor's name and mailing address</b> <b>Joshua James</b> <b>3800 Barger Dr</b> <b>Eugene, OR 97402</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.208	<b>Nonpriority creditor's name and mailing address</b> <b>Josiah Jones-Contreras</b> <b>7602 NE 65th St</b> <b>Vancouver, WA 98662</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.209	<b>Nonpriority creditor's name and mailing address</b> <b>Juanita R Schaefer</b> <b>13080 SW Mayview Way</b> <b>Portland, OR 97223</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.210	<b>Nonpriority creditor's name and mailing address</b> <b>Julia Maleyeva</b> <b>14752 SE Thornapple Ln</b> <b>Portland, OR 97267</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.211	<b>Nonpriority creditor's name and mailing address</b> <b>Justin R Martin-Chay</b> <b>8346 NE Sandy Blvd Apt 4-403</b> <b>Portland, OR 97220-4974</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.212	<b>Nonpriority creditor's name and mailing address</b> <b>Justin Ziegler</b> <b>1717 SW Park Ave Apt 813</b> <b>Portland, OR 97201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.213	<b>Nonpriority creditor's name and mailing address</b> <b>Kailey A Johnson</b> <b>26446 Valley View Drive</b> <b>Cheshire, OR 97419</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Pacific Education Corporation**  
Name

Case number (if known)

3.214	<b>Nonpriority creditor's name and mailing address</b> <b>Kaitlyn M Davis</b> <b>2350 N Terry</b> <b>#11</b> <b>Eugene, OR 97402</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.215	<b>Nonpriority creditor's name and mailing address</b> <b>Kaley Paulsen</b> <b>1500 SW 12TH AVE #410</b> <b>Portland, OR 97201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.216	<b>Nonpriority creditor's name and mailing address</b> <b>Kaplan Higher Education Corp - NIT</b> <b>c/o CT Corporation System</b> <b>780 Commercial St SE</b> <b>Suite 100</b> <b>Salem, OR 97301-3465</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,537.50</b>
3.217	<b>Nonpriority creditor's name and mailing address</b> <b>Karen Gehne</b> <b>1714 NW Lakeway Ln</b> <b>Beaverton, OR 97006</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.218	<b>Nonpriority creditor's name and mailing address</b> <b>Kari L Hawkins</b> <b>PO Box 32</b> <b>Dexter, OR 97431</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.219	<b>Nonpriority creditor's name and mailing address</b> <b>Karissa Diffenderfer</b> <b>37 NW Trinity Place #26</b> <b>Portland, OR 97206</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.220	<b>Nonpriority creditor's name and mailing address</b> <b>Karlo Hernandez Rodriguez</b> <b>12505 SE Mill St</b> <b>Portland, OR 97233</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

3.221	Nonpriority creditor's name and mailing address <b>Kasey L Lingle</b> <b>9147 N Oswego Ave</b> <b>Portland, OR 97203</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.222	Nonpriority creditor's name and mailing address <b>Katrina A Amacher</b> <b>PO Box 42041</b> <b>Eugene, OR 97404</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.223	Nonpriority creditor's name and mailing address <b>Katrina Penaflor</b> <b>14525 SW Osprey Dr</b> <b>Beaverton, OR 97007</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.224	Nonpriority creditor's name and mailing address <b>Kayle Olney</b> <b>1630 SW Clay St, Apt 11-C</b> <b>Portland, OR 97201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.225	Nonpriority creditor's name and mailing address <b>Kaylee J Gribbling</b> <b>90762 Dalewood Dr</b> <b>Junction City, OR 97448</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.226	Nonpriority creditor's name and mailing address <b>Keith Nickel</b> <b>33332 SW Rogers Rd</b> <b>Scappoose, OR 97056</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.227	Nonpriority creditor's name and mailing address <b>Kellsie K Miles</b> <b>76330 Rock Rd</b> <b>Oakridge, OR 97463</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

3.228	<b>Nonpriority creditor's name and mailing address</b> <b>Kevin E Tyson</b> <b>3655 Pleasant View Dr. NE #304</b> <b>Salem, OR 97303</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.229	<b>Nonpriority creditor's name and mailing address</b> <b>Kevin Vann</b> <b>141 White Pine Rd</b> <b>Castle Rock, WA 98611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.230	<b>Nonpriority creditor's name and mailing address</b> <b>Kiah L Seal</b> <b>1211 30th</b> <b>Springfield, OR 97478</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.231	<b>Nonpriority creditor's name and mailing address</b> <b>Kief T Jennings</b> <b>4675 Goodpasture Lp Apt 159</b> <b>Eugene, OR 97401</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.232	<b>Nonpriority creditor's name and mailing address</b> <b>Kip Franich</b> <b>28700 SE Holst Rd</b> <b>Boring, OR 97009</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.233	<b>Nonpriority creditor's name and mailing address</b> <b>Kira M Lindstrom</b> <b>6803 SE Jack Rd</b> <b>Portland, OR 97222</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.234	<b>Nonpriority creditor's name and mailing address</b> <b>Kristen B Smith</b> <b>305 35th St</b> <b>Springfield, OR 97478</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>



Debtor	<b>Pacific Education Corporation</b> <small>Name</small>	Case number (if known) _____
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3.235	<b>Nonpriority creditor's name and mailing address</b> <b>Kristen N Schlitt</b> <b>31960 Camas Swale Rd</b> <b>Creswell, OR 97426</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.236	<b>Nonpriority creditor's name and mailing address</b> <b>Kristen R Jensen</b> <b>1358 R Street</b> <b>Springfield, OR 97477</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.237	<b>Nonpriority creditor's name and mailing address</b> <b>Kristen S Thurston</b> <b>335 C St</b> <b>#4</b> <b>Springfield, OR 97477</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.238	<b>Nonpriority creditor's name and mailing address</b> <b>Kristina D Coy</b> <b>3481 Torri Ln</b> <b>White City, OR 97503</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.239	<b>Nonpriority creditor's name and mailing address</b> <b>Kristina L Dennick</b> <b>1208 Woodfield Drive</b> <b>Eugene, OR 97401</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.240	<b>Nonpriority creditor's name and mailing address</b> <b>Krystal D Piccioni</b> <b>395 Holbrook Ln</b> <b>Creswell, OR 97426</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.241	<b>Nonpriority creditor's name and mailing address</b> <b>Krystina R Stricker</b> <b>4145 Sunnyview Rd NE</b> <b>Salem, OR 97305</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Pacific Education Corporation**  
Name

Case number (if known)

3.242	<b>Nonpriority creditor's name and mailing address</b> <b>Krystle A Gonzalez</b> <b>190 SW Edgeway Dr #378</b> <b>Beaverton, OR 97006</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.243	<b>Nonpriority creditor's name and mailing address</b> <b>Kyanah Waters</b> <b>28510 SW Ashland Dr Apt 29</b> <b>Wilsonville, OR 97070</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.244	<b>Nonpriority creditor's name and mailing address</b> <b>Lance E Joslin</b> <b>7925 SW Vlahos Drive, #504</b> <b>Wilsonville, OR 97070</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.245	<b>Nonpriority creditor's name and mailing address</b> <b>Laura A Kelly</b> <b>1355 West 12th Ave</b> <b>Eugene, OR 97402</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.246	<b>Nonpriority creditor's name and mailing address</b> <b>Laura R Anderson</b> <b>575 SW 194th Ave</b> <b>Aloha, OR 97003</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.247	<b>Nonpriority creditor's name and mailing address</b> <b>Laura Z Fraser</b> <b>4165 Berrywood Dr</b> <b>Eugene, OR 97404</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.248	<b>Nonpriority creditor's name and mailing address</b> <b>Leeanne A Smith</b> <b>205 S 6th Ave</b> <b>Cornelius, OR 97113</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

3.249	<b>Nonpriority creditor's name and mailing address</b> <b>Leonardo Gonzalez III</b> <b>3730 Pacific Ave #211</b> <b>Forest Grove, OR 97116</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.250	<b>Nonpriority creditor's name and mailing address</b> <b>Leslie A Smith</b> <b>2421 Benson Ln</b> <b>Eugene, OR 97408</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.251	<b>Nonpriority creditor's name and mailing address</b> <b>Leslie M Krenzler</b> <b>6563 A St</b> <b>Springfield, OR 97478</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.252	<b>Nonpriority creditor's name and mailing address</b> <b>Leslie M Lopez Sanchez</b> <b>8318 SW Mohawk Street</b> <b>Tualatin, OR 97062</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.253	<b>Nonpriority creditor's name and mailing address</b> <b>Lianna M Sultani</b> <b>3134 NW 46th Ave</b> <b>Camas, WA 98607</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.254	<b>Nonpriority creditor's name and mailing address</b> <b>Lilia Johnson</b> <b>738 SE 128th Ave</b> <b>Portland, OR 97233</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.255	<b>Nonpriority creditor's name and mailing address</b> <b>Linda Kister</b> <b>PO Box 1575</b> <b>Gresham, OR 97030</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

3.256	Nonpriority creditor's name and mailing address <b>Lindsey K Laird</b> <b>1354 Skipper Ave</b> <b>Eugene, OR 97404</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.257	Nonpriority creditor's name and mailing address <b>Live Voice</b> <b>PO Box 95177</b> <b>Chicago, IL 60694</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$279.00</b>
3.258	Nonpriority creditor's name and mailing address <b>Loy C Walugembe</b> <b>4931 North Way</b> <b>Eugene, OR 97402</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.259	Nonpriority creditor's name and mailing address <b>Lucas L Garrett</b> <b>90 Commons Drive #21</b> <b>Eugene, OR 97401</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.260	Nonpriority creditor's name and mailing address <b>Lucia J Regalado Rubio</b> <b>2075 W 28th Ave</b> <b>Eugene, OR 97405</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.261	Nonpriority creditor's name and mailing address <b>Luis A Garcia Casas</b> <b>7506 SW Barnes Rd. Unit C</b> <b>Portland, OR 97225</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.262	Nonpriority creditor's name and mailing address <b>Lydia Hodges</b> <b>1330 SW 3rd Avenue Apt 913</b> <b>Portland, OR 97201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

Debtor	<b>Pacific Education Corporation</b> <small>Name</small>	Case number (if known) _____
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3.263	<b>Nonpriority creditor's name and mailing address</b> <b>Mac C McFall</b> <b>3258 SE Benjamin Ct</b> <b>Troutdale, OR 97060</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.264	<b>Nonpriority creditor's name and mailing address</b> <b>Madison Hunter</b> <b>1963 SW Camelot Ct</b> <b>Portland, OR 97225</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.265	<b>Nonpriority creditor's name and mailing address</b> <b>Madison Polley</b> <b>2550 N Winchell</b> <b>Portland, OR 97213</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.266	<b>Nonpriority creditor's name and mailing address</b> <b>Madison R Bayer</b> <b>7616 N Edison St</b> <b>Portland, OR 97203</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.267	<b>Nonpriority creditor's name and mailing address</b> <b>Maelynn M Locke</b> <b>3797 Kevington Ave</b> <b>Eugene, OR 97405</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.268	<b>Nonpriority creditor's name and mailing address</b> <b>Majd Mustafa</b> <b>9060 SW McDonald St</b> <b>Portland, OR 97224</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.269	<b>Nonpriority creditor's name and mailing address</b> <b>Mallory B O'Donnell</b> <b>4726 NE 13th Ave</b> <b>Portland, OR 97211</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.270	<b>Nonpriority creditor's name and mailing address</b> <b>Marcus Malone</b> <b>345 NW Gina Way Apt 226</b> <b>Beaverton, OR 97006</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.271	<b>Nonpriority creditor's name and mailing address</b> <b>Maria Del Carmen Rodriguez-Buztos</b> <b>2311 NE 138th Ave, #D21</b> <b>Vancouver, WA 98684</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.272	<b>Nonpriority creditor's name and mailing address</b> <b>Maria Vasquez Solis</b> <b>32911 SW Oakview Ct</b> <b>Cornelius, OR 97113</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.273	<b>Nonpriority creditor's name and mailing address</b> <b>Mariana Sanchez</b> <b>17348 NW Oak Ridge Rd</b> <b>Yamhill, OR 97148</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.274	<b>Nonpriority creditor's name and mailing address</b> <b>Maricarmen Brambila Oliveros</b> <b>692 S 13th Ave</b> <b>Cornelius, OR 97113</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.275	<b>Nonpriority creditor's name and mailing address</b> <b>Mariel Cogdill-Feetham</b> <b>1754 J Street Apr. 9</b> <b>Springfield, OR 97477</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.276	<b>Nonpriority creditor's name and mailing address</b> <b>Mario Sevilla</b> <b>7582 SW Cresmoor Dr</b> <b>Beaverton, OR 97008</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

3.277	<b>Nonpriority creditor's name and mailing address</b> <b>Marissa Terra</b> <b>2701 Main Street, Apt 63</b> <b>Forest Grove, OR 97116</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.278	<b>Nonpriority creditor's name and mailing address</b> <b>Marshall D Bakker</b> <b>9844 SW 30th Ave</b> <b>Portland, OR 97219</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.279	<b>Nonpriority creditor's name and mailing address</b> <b>Mary L Harnish</b> <b>2010 E St</b> <b>Springfield, OR 97477</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.280	<b>Nonpriority creditor's name and mailing address</b> <b>Mason Goucher</b> <b>446 SE 68th Ave</b> <b>Hillsboro, OR 97123</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.281	<b>Nonpriority creditor's name and mailing address</b> <b>Mason Lally</b> <b>4718 SW Vesta St.</b> <b>Portland, OR 97219</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.282	<b>Nonpriority creditor's name and mailing address</b> <b>Matthew G Dutell</b> <b>3570 Spring Blvd</b> <b>Eugene, OR 97405</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.283	<b>Nonpriority creditor's name and mailing address</b> <b>Mavis L Smith</b> <b>5226 SW Nebraska St</b> <b>Portland, OR 97221</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

3.284	<b>Nonpriority creditor's name and mailing address</b> <b>Maya A Udani</b> <b>9105 SW Parkview Loop</b> <b>Beaverton, OR 97008</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.285	<b>Nonpriority creditor's name and mailing address</b> <b>Mayalin Williams</b> <b>1032 NE 77th Ave</b> <b>Portland, OR 97213</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.286	<b>Nonpriority creditor's name and mailing address</b> <b>Mayette S Long</b> <b>1111 NE 64th Ln #1808</b> <b>Hillsboro, OR 97124</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.287	<b>Nonpriority creditor's name and mailing address</b> <b>Mazi G League</b> <b>317 30th St</b> <b>Apt 209B</b> <b>Springfield, OR 97478</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.288	<b>Nonpriority creditor's name and mailing address</b> <b>McKenzie F Douglas</b> <b>610 N Eighth St</b> <b>Harrisburg, OR 97446</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.289	<b>Nonpriority creditor's name and mailing address</b> <b>Meaghan Hanshue</b> <b>3755 SE Lincoln St</b> <b>Portland, OR 97214</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.290	<b>Nonpriority creditor's name and mailing address</b> <b>Megan G Torres</b> <b>523 39th St #6</b> <b>Springfield, OR 97478</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>



Debtor **Pacific Education Corporation**  
Name

Case number (if known)

3.291	Nonpriority creditor's name and mailing address <b>Megan M Downing</b> <b>32637 Coburg Bottom Loop Rd</b> <b>Eugene, OR 97408</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.292	Nonpriority creditor's name and mailing address <b>Megan Pyles</b> <b>Barrington Ave 19055</b> <b>Sandy, OR 97055</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.293	Nonpriority creditor's name and mailing address <b>Melissa A Lindeman</b> <b>911 Crestview Dr</b> <b>Reedsport, OR 97467</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.294	Nonpriority creditor's name and mailing address <b>Melissa Rowles</b> <b>132 NE Conifer Blvd Unit 4</b> <b>Corvallis, OR 97330</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.295	Nonpriority creditor's name and mailing address <b>Melody J Smith</b> <b>13895 SW Barrows Rd #102</b> <b>Beaverton, OR 97007</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.296	Nonpriority creditor's name and mailing address <b>Mercer Tool Corp</b> <b>1860 Smithtown Ave</b> <b>Ronkonkoma, NY 11779</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,204.50</b>
3.297	Nonpriority creditor's name and mailing address <b>Micaiah Cass</b> <b>1410 NE Schuyler St. Apt 24</b> <b>Portland, OR 97212</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

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3.298	<b>Nonpriority creditor's name and mailing address</b> <b>Michael A Peterson</b> <b>7724 SE Holgate Blvd</b> <b>Portland, OR 97206</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.299	<b>Nonpriority creditor's name and mailing address</b> <b>Michael R Bain Sr.</b> <b>6136 NE 28th Ave</b> <b>Portland, OR 97211</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.300	<b>Nonpriority creditor's name and mailing address</b> <b>Mikayla A Husband</b> <b>90 Commons Dr Apt 189</b> <b>Eugene, OR 97401</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.301	<b>Nonpriority creditor's name and mailing address</b> <b>Miranda Brilz</b> <b>9412 NE 19th Ave Unit 43</b> <b>Vancouver, WA 98665</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.302	<b>Nonpriority creditor's name and mailing address</b> <b>Miriam I Infante</b> <b>640 SE 3rd Ave #15</b> <b>Hillsboro, OR 97123</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.303	<b>Nonpriority creditor's name and mailing address</b> <b>Mitchell L Woodbury</b> <b>2127 SE 94th Avenue</b> <b>Portland, OR 97216</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.304	<b>Nonpriority creditor's name and mailing address</b> <b>Mohammad El Shaer</b> <b>20086 SW Squire Dr</b> <b>Beaverton, OR 97007</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

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3.305	<b>Nonpriority creditor's name and mailing address</b> <b>Monica E Liverett</b> <b>335 C St</b> <b>Apt 1</b> <b>Springfield, OR 97477</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.306	<b>Nonpriority creditor's name and mailing address</b> <b>Montgomery J Lemire</b> <b>PO Box 386</b> <b>Saint Paul, OR 97137</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.307	<b>Nonpriority creditor's name and mailing address</b> <b>Morgan A Bogart</b> <b>915 Westsprings Dr. #102</b> <b>Eugene, OR 97404</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.308	<b>Nonpriority creditor's name and mailing address</b> <b>Morgan D Robb</b> <b>37823 Mountain Home Dr</b> <b>Brownsville, OR 97327</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.309	<b>Nonpriority creditor's name and mailing address</b> <b>Muffie M McQuistion</b> <b>340 12th Avenue</b> <b>Sweet Home, OR 97386</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.310	<b>Nonpriority creditor's name and mailing address</b> <b>Natalia P Kulikov</b> <b>4355 Elliott Prairie Rd</b> <b>Woodburn, OR 97071</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.311	<b>Nonpriority creditor's name and mailing address</b> <b>Nathan Mayo</b> <b>6056 SE Heike St</b> <b>Hillsboro, OR 97123</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

Debtor	<b>Pacific Education Corporation</b> <small>Name</small>	Case number (if known) _____
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<b>3.312</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Nathaniel Ramsey</b> <b>320 Lincoln St, Apt 108</b> <b>Fairview, OR 97024</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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<b>3.313</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Nicole Salac</b> <b>9208 SW Ivory St</b> <b>Beaverton, OR 97007</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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<b>3.314</b>	<b>Nonpriority creditor's name and mailing address</b> <b>NuCO2 LLC</b> <b>c/o Corporation Service Company</b> <b>1127 Broadway Street NE</b> <b>Suite 310</b> <b>Salem, OR 97301</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$305.06</b>
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<b>3.315</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Okwuchi G Elele</b> <b>4423 NW Chanticleer Dr #F4</b> <b>Portland, OR 97229</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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<b>3.316</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Olivia Hughes</b> <b>5135 SE Woodstock Blvd</b> <b>Portland, OR 97206</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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<b>3.317</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Oregon Occupational Medicine</b> <b>19365 SW 65th Ave</b> <b>Suite 100</b> <b>Tualatin, OR 97062</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$55.00</b>
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<b>3.318</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Oregon Oils</b> <b>2515 NW 28th Ave</b> <b>Portland, OR 97210</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$87.00</b>
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3.319	Nonpriority creditor's name and mailing address <b>Paul N Cepeda</b> <b>18531 SW Muirfield St</b> <b>Hillsboro, OR 97003</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.320	Nonpriority creditor's name and mailing address <b>Paul W Choo</b> <b>889 E 19th Ave</b> <b>Apt 202</b> <b>Eugene, OR 97401</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.321	Nonpriority creditor's name and mailing address <b>Paxton Wright</b> <b>1330 SW 215th Ave</b> <b>Hillsboro, OR 97003</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.322	Nonpriority creditor's name and mailing address <b>Pearl E Chung</b> <b>1241 SE Rivergreen Ave</b> <b>Corvallis, OR 97333</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.323	Nonpriority creditor's name and mailing address <b>Percasso Coffee &amp; Bottled Water Service</b> <b>3055 NE Yeon</b> <b>Suite 150</b> <b>Portland, OR 97210</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$58.00</b>
3.324	Nonpriority creditor's name and mailing address <b>PGE</b> <b>PO Box 4404</b> <b>Portland, OR 97208</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,898.03</b>
3.325	Nonpriority creditor's name and mailing address <b>Rachel A Aponte</b> <b>1978 E 19th Ave</b> <b>Eugene, OR 97403</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

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3.326	<b>Nonpriority creditor's name and mailing address</b> <b>Rachel Barron</b> <b>1500 Pleasant View Dr Apt B-107</b> <b>Gresham, OR 97080</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.327	<b>Nonpriority creditor's name and mailing address</b> <b>Rachel M Thurman Dockter</b> <b>1330 SE 4th St</b> <b>Gresham, OR 97080</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.328	<b>Nonpriority creditor's name and mailing address</b> <b>Radiation Detection Company</b> <b>3527 Snead Dr</b> <b>Georgetown, TX 78626</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$700.00</b>
3.329	<b>Nonpriority creditor's name and mailing address</b> <b>Ragen M Blakeley</b> <b>17197 SW Smith Ave #51</b> <b>Sherwood, OR 97140</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.330	<b>Nonpriority creditor's name and mailing address</b> <b>Raman Kaur</b> <b>5224 Nightcap St SE</b> <b>Salem, OR 97306</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.331	<b>Nonpriority creditor's name and mailing address</b> <b>Ramon Garcia</b> <b>0650 SW Gaines St #1919</b> <b>Portland, OR 97239</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.332	<b>Nonpriority creditor's name and mailing address</b> <b>Rebecca L Lamm</b> <b>34834 Shoreview Dr</b> <b>#7</b> <b>Cottage Grove, OR 97424</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

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3.333	Nonpriority creditor's name and mailing address <b>Rebecca Marks</b> <b>917 SE 16th Ave</b> <b>Portland, OR 97214</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.334	Nonpriority creditor's name and mailing address <b>Rebekah D Race</b> <b>1553 Bailey Hill Rd</b> <b>#2</b> <b>Eugene, OR 97402</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.335	Nonpriority creditor's name and mailing address <b>Rebekah McMasters</b> <b>30099 Horseshoe Lp</b> <b>Lebanon, OR 97355</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.336	Nonpriority creditor's name and mailing address <b>Reyna M Perez</b> <b>51400 SW Randstad Street</b> <b>Scappoose, OR 97056</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.337	Nonpriority creditor's name and mailing address <b>Rhessa J Silva</b> <b>2920 NE Moda Way #813</b> <b>Hillsboro, OR 97124</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.338	Nonpriority creditor's name and mailing address <b>Rickilyn Cook</b> <b>300 Hoyt Ave</b> <b>Eugene, OR 97404</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.339	Nonpriority creditor's name and mailing address <b>Robert Cruz</b> <b>P.O. Box 6291</b> <b>Brookings, OR 97415</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

3.340	Nonpriority creditor's name and mailing address <b>Robert Severin</b> <b>13112 NE 51st St</b> <b>Vancouver, WA 98682</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.341	Nonpriority creditor's name and mailing address <b>Roberto O Robles</b> <b>200 Lewis Ave #80</b> <b>Grants Pass, OR 97527</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.342	Nonpriority creditor's name and mailing address <b>Rolling Hills Community Church</b> <b>3550 SW Borland Rd</b> <b>Tualatin, OR 97062</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,500.00</b>
3.343	Nonpriority creditor's name and mailing address <b>Rose M Sanchez</b> <b>333 SE 127th Ave Apt 253</b> <b>Portland, OR 97233</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.344	Nonpriority creditor's name and mailing address <b>Rosend M Mansell</b> <b>895 E Lincoln St #C</b> <b>Woodburn, OR 97071</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.345	Nonpriority creditor's name and mailing address <b>Sabrina L Purkey</b> <b>23719 Hwy 36</b> <b>Cheshire, OR 97419</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.346	Nonpriority creditor's name and mailing address <b>Sabrina M MacDowell</b> <b>78203 Meadow Park Dr</b> <b>Cottage Grove, OR 97424</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>



Debtor	<b>Pacific Education Corporation</b> <small>Name</small>	Case number (if known) _____
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3.347	<b>Nonpriority creditor's name and mailing address</b> <b>Sabrina M Nickell</b> <b>90 Commons Dr</b> <b>Apt 191</b> <b>Eugene, OR 97401</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.348	<b>Nonpriority creditor's name and mailing address</b> <b>Saffron P Johnson</b> <b>12909 SW Timera Ln</b> <b>Portland, OR 97224</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.349	<b>Nonpriority creditor's name and mailing address</b> <b>Saira G Hunter</b> <b>1750 Northview Blvd Apt 53</b> <b>Eugene, OR 97405</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.350	<b>Nonpriority creditor's name and mailing address</b> <b>Samantha E Fisher</b> <b>523 Helen St</b> <b>Eugene, OR 97404</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.351	<b>Nonpriority creditor's name and mailing address</b> <b>Samantha Parker</b> <b>2842 SW Patton Rd</b> <b>Portland, OR 97201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.352	<b>Nonpriority creditor's name and mailing address</b> <b>Sandra Freshner</b> <b>3650 NE Alton Ct</b> <b>Fairview, OR 97024</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.353	<b>Nonpriority creditor's name and mailing address</b> <b>Sandra N Locke</b> <b>3225 Kinsrow Ave Apt C24</b> <b>Eugene, OR 97401</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Pacific Education Corporation**  
Name

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3.354	<b>Nonpriority creditor's name and mailing address</b> <b>Sandra Y Nunez-Gonzalez</b> <b>2829 12th Ave.</b> <b>Forest Grove, OR 97116</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.355	<b>Nonpriority creditor's name and mailing address</b> <b>Sanipac</b> <b>c/o Corporation Service Company</b> <b>1127 Broadway Street NE</b> <b>Suite 310</b> <b>Salem, OR 97301</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$29.92</b>
3.356	<b>Nonpriority creditor's name and mailing address</b> <b>Sara D Polanco</b> <b>10940 SW Wilsonville Rd #43</b> <b>Wilsonville, OR 97070</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.357	<b>Nonpriority creditor's name and mailing address</b> <b>Sara Jane Hackney</b> <b>4832 NE 24th Ave</b> <b>Portland, OR 97211</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.358	<b>Nonpriority creditor's name and mailing address</b> <b>Sara R Bedard</b> <b>12901 NE 28th St Apt SS302</b> <b>Vancouver, WA 98682</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.359	<b>Nonpriority creditor's name and mailing address</b> <b>Sarah A Church</b> <b>23118 Warthen Rd.</b> <b>Elmira, OR 97437</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.360	<b>Nonpriority creditor's name and mailing address</b> <b>Sarah A Miller</b> <b>10285 SW Denny Rd #17</b> <b>Beaverton, OR 97008</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Pacific Education Corporation**  
Name

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3.361	<b>Nonpriority creditor's name and mailing address</b> <b>Sarah L Hamburg</b> <b>22639 SW Norton Ave</b> <b>Sherwood, OR 97140</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.362	<b>Nonpriority creditor's name and mailing address</b> <b>Savanna J Manthei</b> <b>3903 Southlake Dr</b> <b>West Richland, WA 99353</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.363	<b>Nonpriority creditor's name and mailing address</b> <b>Savanna J Nielson</b> <b>16142 SW 108th AVE, #102</b> <b>Portland, OR 97224</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.364	<b>Nonpriority creditor's name and mailing address</b> <b>Scott Neuse</b> <b>301 SW Lincoln St. #1106</b> <b>Portland, OR 97201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.365	<b>Nonpriority creditor's name and mailing address</b> <b>Sean M Hogan</b> <b>8102 SW Durham Road</b> <b>Portland, OR 97224</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.366	<b>Nonpriority creditor's name and mailing address</b> <b>Sean M Kelley</b> <b>1126 NE 176th Ave</b> <b>Portland, OR 97230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.367	<b>Nonpriority creditor's name and mailing address</b> <b>Selena Kister-Siders</b> <b>1353 NE Barnes Ct</b> <b>Gresham, OR 97030</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Pacific Education Corporation**  
Name

Case number (if known)

3.368	Nonpriority creditor's name and mailing address <b>Sera Scott</b> <b>14615 SW Quail Ln Apt M101</b> <b>Beaverton, OR 97007</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.369	Nonpriority creditor's name and mailing address <b>Sereen O Khawaldeh</b> <b>8785 SW Cortez Ct</b> <b>Beaverton, OR 97008</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.370	Nonpriority creditor's name and mailing address <b>Serina V Clements</b> <b>30819 NW Turel Dr</b> <b>North Plains, OR 97133</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.371	Nonpriority creditor's name and mailing address <b>Sexton Miles</b> <b>2622 Been Ridge Rd</b> <b>Greenwood, AR 72936</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.372	Nonpriority creditor's name and mailing address <b>Shannon D Holloway</b> <b>4039 Satter Drive</b> <b>Salem, OR 97305</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.373	Nonpriority creditor's name and mailing address <b>Shannon M Dempsey</b> <b>35455 Hendricks Rd</b> <b>Creswell, OR 97426</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.374	Nonpriority creditor's name and mailing address <b>Shari M Johns</b> <b>2418 W Crestview Ave</b> <b>Roseburg, OR 97471</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

Name

3.375	Nonpriority creditor's name and mailing address <b>Shaun D Spencer Jr</b> <b>620 SW Park Ave Apt 42</b> <b>Portland, OR 97205</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.376	Nonpriority creditor's name and mailing address <b>Shelbe R Thompson</b> <b>4004 C St.</b> <b>Springfield, OR 97478</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.377	Nonpriority creditor's name and mailing address <b>Shyla Jensen-Shuler</b> <b>1940 NW Miller Rd Apt K140</b> <b>Portland, OR 97229</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.378	Nonpriority creditor's name and mailing address <b>Siena Swoboda-Colberg</b> <b>1450 SW Jefferson St #503</b> <b>Portland, OR 97201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.379	Nonpriority creditor's name and mailing address <b>Sierra B Hummel</b> <b>2470 Pheasant Blvd Apt #20</b> <b>Springfield, OR 97477</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.380	Nonpriority creditor's name and mailing address <b>Sierra R Scott</b> <b>1340 12th St</b> <b>Springfield, OR 97477</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.381	Nonpriority creditor's name and mailing address <b>Sierra Springs</b> <b>c/o Bowen Property Management Co</b> <b>1800 SW First Ave</b> <b>Suite 180</b> <b>Portland, OR 97201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19.99</b>

Debtor **Pacific Education Corporation**  
Name

Case number (if known)

3.382 Nonpriority creditor's name and mailing address  
**Silma Y Rivera-Lyons**  
**655 Goodpasture Rd Apt 78**  
**Eugene, OR 97401**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_

Is the claim subject to offset? ☐ No ☒ Yes

**Unknown**

3.383 Nonpriority creditor's name and mailing address  
**Skylar Rose**  
**351 NE Faulconer Ct.**  
**Sheridan, OR 97378**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_

Is the claim subject to offset? ☐ No ☒ Yes

**Unknown**

3.384 Nonpriority creditor's name and mailing address  
**Sonia Rivera**  
**13660 SW Pacific HWY #33**  
**Portland, OR 97223**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_

Is the claim subject to offset? ☐ No ☒ Yes

**Unknown**

3.385 Nonpriority creditor's name and mailing address  
**Special D Garrett**  
**2250 NE Thorncroft Dr #331**  
**Hillsboro, OR 97124**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_

Is the claim subject to offset? ☐ No ☒ Yes

**Unknown**

3.386 Nonpriority creditor's name and mailing address  
**Spencer W Swapp**  
**33010 Coal Creek Rd**  
**Scappoose, OR 97056**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_

Is the claim subject to offset? ☐ No ☒ Yes

**Unknown**

3.387 Nonpriority creditor's name and mailing address  
**State of Oregon Attorney General**  
**Oregon Department of Justice**  
**1162 Court St NE**  
**Salem, OR 97301**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

3.388 Nonpriority creditor's name and mailing address  
**State of Oregon BOLI**  
**800 NE Oregon St, Ste 1045**  
**Portland, OR 97232-3601**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_

Is the claim subject to offset? ☒ No ☐ Yes

**Unknown**

Name

3.389 Nonpriority creditor's name and mailing address **State of Oregon, Employment Department  
875 Union Street NE  
Salem, OR 97311** As of the petition filing date, the claim is: *Check all that apply.* **Unknown**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

3.390 Nonpriority creditor's name and mailing address **Statia Price  
442 SW Valeria View Dr Apt 109  
Portland, OR 97225** As of the petition filing date, the claim is: *Check all that apply.* **Unknown**  
☒ Contingent  
☒ Unliquidated  
☒ Disputed  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset? ☐ No ☒ Yes

3.391 Nonpriority creditor's name and mailing address **Stephanie A Craun  
4204 SE 15th St.  
Portland, OR 97202** As of the petition filing date, the claim is: *Check all that apply.* **Unknown**  
☒ Contingent  
☒ Unliquidated  
☒ Disputed  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset? ☐ No ☒ Yes

3.392 Nonpriority creditor's name and mailing address **Stephanie R Caroon  
PO Box 128  
Oakridge, OR 97463** As of the petition filing date, the claim is: *Check all that apply.* **Unknown**  
☒ Contingent  
☒ Unliquidated  
☒ Disputed  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset? ☐ No ☒ Yes

3.393 Nonpriority creditor's name and mailing address **Stephen Buchelt  
195 Homewood Court North  
Keizer, OR 97303** As of the petition filing date, the claim is: *Check all that apply.* **Unknown**  
☒ Contingent  
☒ Unliquidated  
☒ Disputed  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset? ☐ No ☒ Yes

3.394 Nonpriority creditor's name and mailing address **Sterling Gonzalez  
1437 SE M L King Blvd Apt. 212  
Portland, OR 97214** As of the petition filing date, the claim is: *Check all that apply.* **Unknown**  
☒ Contingent  
☒ Unliquidated  
☒ Disputed  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset? ☐ No ☒ Yes

3.395 Nonpriority creditor's name and mailing address **Sunita Sarki  
1112 SE Roundelay St  
Hillsboro, OR 97123** As of the petition filing date, the claim is: *Check all that apply.* **Unknown**  
☒ Contingent  
☒ Unliquidated  
☒ Disputed  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset? ☐ No ☒ Yes

3.396	Nonpriority creditor's name and mailing address <b>Sydney A Zelazny</b> <b>25005 Dunham Ave</b> <b>Veneta, OR 97487</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.397	Nonpriority creditor's name and mailing address <b>Tana Ryan</b> <b>1300 SW Park Ave Apt 1201</b> <b>Portland, OR 97201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.398	Nonpriority creditor's name and mailing address <b>Tara E Contreras</b> <b>25 Hatton Ave #104</b> <b>Eugene, OR 97404</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.399	Nonpriority creditor's name and mailing address <b>Taylor A Jahelka</b> <b>655 Goodpasture Island Rd</b> <b>Apt 149</b> <b>Eugene, OR 97401</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.400	Nonpriority creditor's name and mailing address <b>Taylor J Houchins</b> <b>617 NW 21st St Apt 1</b> <b>Corvallis, OR 97330</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.401	Nonpriority creditor's name and mailing address <b>Taylor M Ross</b> <b>20859 Nova Lp Unit 2</b> <b>Bend, OR 97701</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.402	Nonpriority creditor's name and mailing address <b>Teresa Magdalena</b> <b>179 S 26th Ct</b> <b>Cornelius, OR 97113</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>



Debtor	<b>Pacific Education Corporation</b> <small>Name</small>	Case number (if known) _____
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3.403	<b>Nonpriority creditor's name and mailing address</b> <b>Theodore J Horton</b> <b>1860 City View St</b> <b>Eugene, OR 97405</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.404	<b>Nonpriority creditor's name and mailing address</b> <b>Thomson West</b> <b>c/o Corporation Service Company</b> <b>1127 Broadway St NE</b> <b>Suite 310</b> <b>Salem, OR 97301</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$23,167.80</b>
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3.405	<b>Nonpriority creditor's name and mailing address</b> <b>Tifany M Milles</b> <b>1149 Birch St</b> <b>Vernonia, OR 97064</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.406	<b>Nonpriority creditor's name and mailing address</b> <b>Timothy A Williams</b> <b>992 NW Sycamore Ave</b> <b>Corvallis, OR 97330</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.407	<b>Nonpriority creditor's name and mailing address</b> <b>Timothy Fogerson</b> <b>1009 NE 47th Ave Apt 2</b> <b>Portland, OR 97213</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.408	<b>Nonpriority creditor's name and mailing address</b> <b>TLO LLC</b> <b>4530 Conference Way South</b> <b>Boca Raton, FL 33431</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>
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3.409	<b>Nonpriority creditor's name and mailing address</b> <b>Todd Rogers</b> <b>2509 SE 48th Ave</b> <b>Portland, OR 97206</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **Pacific Education Corporation**  
Name

Case number (if known)

3.410	<b>Nonpriority creditor's name and mailing address</b> <b>Tomas Glenn</b> <b>915 North 3rd St</b> <b>Lakeview, OR 97630</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.411	<b>Nonpriority creditor's name and mailing address</b> <b>Toni J Garvin-Matthews</b> <b>1800 SW Old Sheridan Rd #D105</b> <b>McMinnville, OR 97128</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.412	<b>Nonpriority creditor's name and mailing address</b> <b>Tori Webb</b> <b>3328 SW Beaverton-Hillsdale HWY, Apt 8</b> <b>Portland, OR 97239</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.413	<b>Nonpriority creditor's name and mailing address</b> <b>Traci Cole</b> <b>1354 SW Spring Garden</b> <b>Portland, OR 97219</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.414	<b>Nonpriority creditor's name and mailing address</b> <b>Traycee E Kirk</b> <b>245 S 35th St</b> <b>Springfield, OR 97478</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.415	<b>Nonpriority creditor's name and mailing address</b> <b>Trenda Fletcher</b> <b>1510 5th St</b> <b>Tillamook, OR 97141</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.416	<b>Nonpriority creditor's name and mailing address</b> <b>Trever Raulston</b> <b>463 Lair Ln</b> <b>Newberg, OR 97132</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

Name

3.417	<b>Nonpriority creditor's name and mailing address</b> <b>Trisha L Coleman</b> <b>499 Sterling Dr Unit G5</b> <b>Roseburg, OR 97470</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.418	<b>Nonpriority creditor's name and mailing address</b> <b>Troy Albo</b> <b>1720 SW 4th Ave #917</b> <b>Portland, OR 97201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.419	<b>Nonpriority creditor's name and mailing address</b> <b>Tyler Gates</b> <b>1233 N Watts St</b> <b>Portland, OR 97217</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.420	<b>Nonpriority creditor's name and mailing address</b> <b>Tyne T DeBudge</b> <b>1604 SW Clay St, Apt 203</b> <b>Portland, OR 97201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.421	<b>Nonpriority creditor's name and mailing address</b> <b>U.S. Small Business Administration</b> <b>620 SW Main St</b> <b>#313</b> <b>Portland, OR 97205</b> Date(s) debt was incurred <u>5/4/2020</u> Last 4 digits of account number <u>7202</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Money loaned - PPP</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,092,500.00</b>
3.422	<b>Nonpriority creditor's name and mailing address</b> <b>Universal Fire Equipment Inc.</b> <b>c/o Elizabeth M Heath, Registered Agent</b> <b>18260 SW 100th Ct</b> <b>Tualatin, OR 97062</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$164.00</b>
3.423	<b>Nonpriority creditor's name and mailing address</b> <b>Vi H Truong</b> <b>9115 SW Chelan Pl</b> <b>Beaverton, OR 97008</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Pacific Education Corporation**  
Name

Case number (if known)

3.424	Nonpriority creditor's name and mailing address <b>Vicenta A Villareal</b> <b>411 SE 83rd Ave</b> <b>Portland, OR 97216</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.425	Nonpriority creditor's name and mailing address <b>Victoria A Blackstone</b> <b>2836 17th Ave</b> <b>Forest Grove, OR 97116</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.426	Nonpriority creditor's name and mailing address <b>Victoria Harris</b> <b>14765 SW Osprey Dr Apt 621</b> <b>Beaverton, OR 97007</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.427	Nonpriority creditor's name and mailing address <b>Vivia Ploub</b> <b>6285 Caldwell Rd #11</b> <b>Gladstone, OR 97027</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.428	Nonpriority creditor's name and mailing address <b>Willamette Express LTD</b> <b>2505 SE Stubb St</b> <b>Portland, OR 97222</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$322.00</b>
3.429	Nonpriority creditor's name and mailing address <b>William Oswald</b> <b>12140 SW KATHERINE ST</b> <b>Portland, OR 97223</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.430	Nonpriority creditor's name and mailing address <b>Wolters Kluwer Law &amp; Business</b> <b>c/o CT Corporation System</b> <b>780 Commercial St SE</b> <b>Suite 100</b> <b>Salem, OR 97301</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,968.93</b>

Debtor **Pacific Education Corporation**  
Name

Case number (if known)

3.431	<b>Nonpriority creditor's name and mailing address</b> <b>Yaritza Mendoza</b> <b>256 SE Township Rd</b> <b>Canby, OR 97013</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.432	<b>Nonpriority creditor's name and mailing address</b> <b>Yuliza G Sayago-Mandujano</b> <b>738 Adair St #64</b> <b>Cornelius, OR 97113</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.433	<b>Nonpriority creditor's name and mailing address</b> <b>Yvette Portillo</b> <b>1325 SE Oak St #10</b> <b>Hillsboro, OR 97124</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.434	<b>Nonpriority creditor's name and mailing address</b> <b>Yvonne E Cochran</b> <b>90136 Baker Rd</b> <b>Elmira, OR 97437</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.435	<b>Nonpriority creditor's name and mailing address</b> <b>Zachary Ash-Lambert</b> <b>385 NE Elm St</b> <b>Sheridan, OR 97378</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.436	<b>Nonpriority creditor's name and mailing address</b> <b>Zachary T Fitzgerald</b> <b>5005 SW 153rd Ave</b> <b>Beaverton, OR 97007</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.437	<b>Nonpriority creditor's name and mailing address</b> <b>Zackary G Geisler</b> <b>4729 SE 86th Ave</b> <b>Portland, OR 97266</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Pacific Education Corporation**  
Name

Case number (if known)

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
--------------------------	---	---

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 1,748,845.97
5c.	\$ 1,748,845.97

**Fill in this information to identify the case:**

Debtor name **Pacific Education Corporation**

United States Bankruptcy Court for the: **DISTRICT OF OREGON**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

*Property*

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest  
**Storage and Maintenance of Company Records and Documents**  
State the term remaining  
List the contract number of any government contract \_\_\_\_\_

**Access Information Management**  
**1101 Fisher Ave**  
**Medford, OR 97504**

2.2. State what the contract or lease is for and the nature of the debtor's interest  
**Storage and Maintenance of Company Records and Documents**  
State the term remaining  
List the contract number of any government contract \_\_\_\_\_

**Access Information Management**  
**7507 N Leadbetter Rd**  
**Portland, OR 97203**

2.3. State what the contract or lease is for and the nature of the debtor's interest  
**Storage of Furniture**  
State the term remaining  
List the contract number of any government contract \_\_\_\_\_

**All Office Furniture**  
**1818 SW 5th Ave**  
**#351**  
**Portland, OR 97201**

2.4. State what the contract or lease is for and the nature of the debtor's interest  
**Outside Debt Collection Agency**  
State the term remaining  
List the contract number of any government contract \_\_\_\_\_

**Asset Recovery Group**  
**4520 SE Belmont Street #280**  
**Portland, OR 97215**

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Software and Support**

State the term remaining

List the contract number of any government contract

**Campus Management Corporation**  
**5201 North Congress Avenue**  
**Suite 220**  
**Boca Raton, FL 33487**

2.6. State what the contract or lease is for and the nature of the debtor's interest **Software and Support**

State the term remaining

**1/31/2021**

List the contract number of any government contract

**Carestream Health Inc.**  
**150 Verona Street**  
**Rochester, NY 14608**

2.7. State what the contract or lease is for and the nature of the debtor's interest **Lease (Nursing School)**

State the term remaining

**3/31/2023**

List the contract number of any government contract

**Chambers Development Corporation**  
**800 Willamette St**  
**Suite 750**  
**Eugene, OR 97401**

2.8. State what the contract or lease is for and the nature of the debtor's interest **Library Subscription**

State the term remaining

List the contract number of any government contract

**EBSCO Subscription Services**  
**10 Estes Street**  
**Ipswich, MA 01938**

2.9. State what the contract or lease is for and the nature of the debtor's interest **Bankcard Machines**

State the term remaining

List the contract number of any government contract

**Elliott Management**  
**6 Centerpointe Dr**  
**Suite 380**  
**Lake Oswego, OR 97035**

2.10. State what the contract or lease is for and the nature of the debtor's interest **Lease (Offsite Server Back-up)**

State the term remaining

**6/1/2021**

List the contract number of any

**Flexential Colorado Corp**  
**PO Box 732368**  
**Dallas, TX 75373-2368**



**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

- 2.11. State what the contract or lease is for and the nature of the debtor's interest **Bankcard Machine**

State the term remaining

List the contract number of any government contract

**Merimac  
100 Throckmorton St  
Fort Worth, TX 76102**

- 2.12. State what the contract or lease is for and the nature of the debtor's interest **Lease (Culinary Institute)**

State the term remaining

List the contract number of any government contract

**1/31/2027**

**Norris & Stevens, Inc.  
900 SW 5th Ave  
Suite 1700  
Portland, OR 97204**

- 2.13. State what the contract or lease is for and the nature of the debtor's interest **Storage and Maintenance of Company Records and Documents**

State the term remaining

List the contract number of any government contract

**NW Self Storage  
9065 SW Canyon Rd  
Portland, OR 97225**

- 2.14. State what the contract or lease is for and the nature of the debtor's interest **Postage Meters**

State the term remaining

List the contract number of any government contract

**Pitney Bowes  
c/o CT Corporation System  
780 Commercial St SE  
Suite 100  
Salem, OR 97301**

- 2.15. State what the contract or lease is for and the nature of the debtor's interest **Lease (Nursing School)**

State the term remaining

List the contract number of any government contract

**8/31/2025**

**The Round Owner, LLC  
222 SW Columbia St  
Suite 700  
Portland, OR 97201**

- 2.16. State what the contract or lease is for and the nature of the debtor's interest **3rd Party Payment Processor**

**Tuition Options  
14000 Horizon Way #400  
Mount Laurel, NJ 08054**

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract

2.17. State what the contract or lease is for and the nature of the debtor's interest

**Storage**

State the term remaining

**Monthly**

List the contract number of any government contract

**U-Store Self Storage - Springfield  
3880 International Ct  
Springfield, OR 97477**

2.18. State what the contract or lease is for and the nature of the debtor's interest

**Lease (Culinary Institute)**

State the term remaining

**1/31/2027**

List the contract number of any government contract

**Watumull Goose Hollow #505  
c/o Kidder Mathews  
101 SW Main St  
Suite 1200  
Portland, OR 97204**

2.19. State what the contract or lease is for and the nature of the debtor's interest

**Storage of X-Ray Machine**

State the term remaining

List the contract number of any government contract

**Willamette Express Moving & Storage  
2505 SE Stubb Street  
Portland, OR 97222**

**Fill in this information to identify the case:**Debtor name **Pacific Education Corporation**United States Bankruptcy Court for the: **DISTRICT OF OREGON**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/19**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From **1/01/2020** to **Filing Date****Sources of revenue**

Check all that apply

☒ Operating a business☐ Other \_\_\_\_\_**Gross revenue**

(before deductions and exclusions)

**\$3,278,664.00****For prior year:**From **1/01/2019** to **12/31/2019**☒ Operating a business☐ Other \_\_\_\_\_**\$11,584,904.00****For year before that:**From **1/01/2018** to **12/31/2018**☒ Operating a business☐ Other \_\_\_\_\_**\$14,246,958.00****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None.**Description of sources of revenue****Gross revenue from each source**

(before deductions and exclusions)

**From the beginning of the fiscal year to filing date:**From **1/01/2020** to **Filing Date****Bank Account Interest****\$28.00****For prior year:**From **1/01/2019** to **12/31/2019****\$0.00****For year before that:**From **1/01/2018** to **12/31/2018****Bank Account Interest****\$14.00****Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <b>Tuition Options LLC</b> <b>14000 Horizon Way</b> <b>#400</b> <b>Mount Laurel, NJ 08054</b>	<b>6/30/2020</b>	<b>\$418,882.03</b>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. <b>Aldrich Retirement Solutions, LP</b>	<b>See Attachment 4</b>	<b>\$6,529.96</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Accounting/Professional Fees</b></u>
3.3. <b>Bitar Bros, a Limited Partnership</b>	<b>See Attachment 4</b>	<b>\$14,008.48</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Rent, Utilities, Taxes/Licenses, General Insurance</b></u>
3.4. <b>Campus Management Corporation</b> <b>5201 North Congress Avenue</b> <b>Suite 220</b> <b>Boca Raton, FL 33487</b>	<b>See Attachment 4</b>	<b>\$16,488.82</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Software licenses</b></u>
3.5. <b>Chambers Development Corporation</b> <b>800 Willamette St</b> <b>Suite 750</b> <b>Eugene, OR 97401</b>	<b>See Attachment 4</b>	<b>\$112,769.59</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Rent, Maintenance</b></u>
3.6. <b>Comcast Business</b> <b>780 Commercial St SE</b> <b>Suite 100</b> <b>Salem, OR 97301</b>	<b>See Attachment 4</b>	<b>\$43,825.15</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Data Communications Services</b></u>

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.7. <b>Dell Financial Services</b> <b>c/o Corporation Service Company</b> <b>1127 Broadway Street NE</b> <b>Suite 310</b> <b>Salem, OR 97301</b>	<b>See</b> <b>Attachment 4</b>	<b>\$13,417.52</b>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Rent/Lease Equipment, Taxes/Licenses</b></u>
3.8. <b>Flexential Colorado Corp</b> <b>23605 NW Huffman Street</b> <b>Hillsboro, OR 97124</b>	<b>See</b> <b>Attachment 4</b>	<b>\$9,476.16</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Rent/Lease Equipment</b></u>
3.9. <b>Google</b> <b>1600 Amphitheatre Parkway</b> <b>Mountain View, CA 94043</b>	<b>See</b> <b>Attachment 4</b>	<b>\$13,830.17</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Internet Advertising</b></u>
3.10. <b>Great American Insurance</b> <b>301 E 4th St</b> <b>15th Floor</b> <b>Cincinnati, OH 45202</b>	<b>See</b> <b>Attachment 4</b>	<b>\$24,161.33</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>General Insurance</b></u>
3.11. <b>Kaiser Foundation Health Plan</b> <b>c/o Prentice-Hall Corporation System,</b> <b>In</b> <b>1127 Broadway Street NE</b> <b>Suite 310</b> <b>Salem, OR 97301</b>	<b>See</b> <b>Attachment 4</b>	<b>\$37,969.13</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Insurance Benefits</b></u>
3.12. <b>McClintock &amp; Associates</b> <b>c/o Wendy Hutchinson</b> <b>6400 SE Lake Rd</b> <b>Suite 275</b> <b>Portland, OR 97222</b>	<b>See</b> <b>Attachment 4</b>	<b>\$64,900.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other <u><b>Accounting/Professional Fees</b></u>
3.13. <b>Norris &amp; Stevens, Inc.</b> <b>900 SW 5th Ave</b> <b>Suite 1700</b> <b>Portland, OR 97204</b>	<b>See</b> <b>Attachment 4</b>	<b>\$22,768.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Rent, Taxes/Licenses, General Insurance</b></u>

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.14 The Round Owner, LLC 222 SW Columbia St Suite 700 Portland, OR 97201	See Attachment 4	\$59,255.92	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Rent, General Insurance, Maintenance</u>
3.15 Watumull Goose Hollow #505 c/o Kidder Mathews 101 SW Main St Suite 1200 Portland, OR 97204	See Attachment 4	\$74,210.68	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Rent, Taxes, General Insurance</u>
3.16 Wendy Hutchinson 10547 SW Pueblo Street Tualatin, OR 97062		\$22,520.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Employee Consultant</u>
3.17 Ty Harper 9200 NE 87th St Vancouver, WA 98662		\$13,770.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Employee Consultant</u>
3.18 Shauna Wing 909 SW 72nd Ave Portland, OR 97223		\$10,367.20	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Employee Consultant</u>
3.19 Mark Johnson 1507 SE Salmon St Portland, OR 97214		\$7,827.80	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Employee Consultant</u>
3.20 Judy Whitney 2466 Erin Way Eugene, OR 97408		\$5,002.30	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Employee Consultant</u>
3.21 Don Moutos PO Box 220162 Portland, OR 97269		\$17,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Consultant</u>

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.22 <b>Diane Kelly</b> <b>347 Heritage Ave</b> <b>Eugene, OR 97404</b>		<b>\$8,800.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>Employee Consultant</b>

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. <b>Don Moutos</b>  <b>CFO/President/Owner</b>	<b>10/18/2019 =</b> <b>\$25,000</b> <b>10/25/2019 =</b> <b>\$25,000</b> <b>11/1/2019 =</b> <b>\$25,000</b> <b>11/7/2019 =</b> <b>\$25,000</b> <b>11/15/2019 =</b> <b>\$25,000</b> <b>11/22/2019 =</b> <b>\$25,000</b> <b>11/27/2019 =</b> <b>\$25,000</b> <b>12/3/2019 =</b> <b>\$25,000</b> <b>12/13/2019 =</b> <b>\$25,000</b> <b>12/20/2019 =</b> <b>\$25,000</b> <b>12/27/2019 =</b> <b>\$25,000</b> <b>12/31/2019 =</b> <b>\$19,148.17</b>	<b>\$294,148.17</b>	<b>Repayment of loan for operating capital.</b>

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	<b>Brian Wilke v. Pacific Education Corporation, et al. 20CV25210</b>	<b>Civil</b>	<b>Multnomah County Circuit Court 1021 SW 4th Avenue Portland, OR 97204</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	<b>Scott Miller EEEMSH190502-10652</b>	<b>Discrimination</b>	<b>Bureau of Labor and Industries 800 NE Oregon St Suite 1045 Portland, OR 97232</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☐ None

	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1.	<b>Salem Spirit of Life Church 420 Pine St NE Salem, OR 97301</b>	<b>Monthly Donations to Church</b>	<b>5/1/2018 - 4/1/2020</b>	<b>\$18,000.00</b>
	<b>Recipients relationship to debtor CFO/President and former employee and pastor of Church</b>			
9.2.	<b>Local Food Donations to Homeless</b>	<b>Food Donations</b>	<b>Past 2 years</b>	<b>\$300,000.00</b>
	<b>Recipients relationship to debtor</b>			

**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None



**Description of the property lost and how the loss occurred****Amount of payments received for the loss**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

**Dates of loss****Value of property lost****Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

**Who was paid or who received the transfer?**  
Address

**If not money, describe any property transferred**

**Dates**

**Total amount or value**

11.1. **Foster Garvey PC**  
**121 SW Morrison St**  
**Suite 1100**  
**Portland, OR 97204**

**4/13/2020**

**\$5,000.00**

**Email or website address**  
**www.foster.com**

**Who made the payment, if not debtor?**

11.2. **Foster Garvey PC**  
**121 SW Morrison St**  
**Suite 1100**  
**Portland, OR 97204-3141**

**7/29/2020**

**\$30,000.00**

**Email or website address**  
**www.foster.com**

**Who made the payment, if not debtor?**

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

☒ None.

**Name of trust or device**

**Describe any property transferred**

**Dates transfers were made**

**Total amount or value**

**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

**Who received transfer?**  
Address

**Description of property transferred or payments received or debts paid in exchange**

**Date transfer was made**

**Total amount or value**

**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

	Address	Dates of occupancy From-To
14.1.	27375 SW Parkway Wilsonville, OR 97070	10/1/2004 through 4/30/2019
14.2.	1631 SW Jefferson Street Portland, OR 97201	1/1/2014 through 6/30/2020

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
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**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained.

**Social Security Numbers, Addresses, Financial Records**

Does the debtor have a privacy policy about that information?

- ☐ No
- ☒ Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☐ No. Go to Part 10.
- ☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

**Alerus Financial fbo Pioneer Pacific College (401k)**

Employer identification number of the plan

EIN: **Account #L86PPC**

Has the plan been terminated?

- ☐ No
- ☒ Yes

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	<b>Pacific Continental/Columbia Bank</b> 7111 SW Nyberg Street Tualatin, OR 97062	XXXX-1103	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other <u>CD</u>	1/20/2020	\$75,237.45
18.2.	<b>Columbia Bank</b> 1000 SW Broadway #100 Portland, OR 97205	XXXX-4794	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other ___	7/30/2020	\$0.00
18.3.	<b>Columbia Bank</b> 1000 SW Broadway #100 Portland, OR 97205	XXXX-7349	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other ___	7/30/2020	\$237.69
18.4.	<b>Columbia Bank</b> 1000 SW Broadway #100 Portland, OR 97205	XXXX-7323	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other ___	7/30/2020	\$0.00
18.5.	<b>Columbia Bank</b> 1000 SW Broadway #100 Portland, OR 97205	XXXX-4999	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other ___	7/30/2020	\$0.00

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Access Information Management Springfield, OR	Judy White 2466 Erin Way Eugene, OR 97408	Company Records and Documents	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Access Information Management Portland, OR	Wendy Hutchinson 10547 SW Pueblo Street Tualatin, OR 97062	Company Records and Documents	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
NW Self Storage 9065 SW Canyon Rd Beaverton, OR 97225	Wendy Hutchinson 10547 SW Pueblo Street Tualatin, OR 97062	Company Records and Documents	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Willamette Express Moving & Storage 2505 SE Stubb Street Milwaukie, OR 97222	Wendy Hutchinson 10547 SW Pueblo Street Tualatin, OR 97062	X-Ray Machine	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
U-Store Self Storage - Springfield 3880 International Ct Springfield, OR 97477	Judy Whitney 2466 Erin Way Eugene, OR 97062	Furniture	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
All Office Furniture 1819 SW 5th Ave #351 Portland, OR 97201	Wendy Hutchinson 10547 SW Pueblo Street Tualatin, OR 97062	Furniture	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**☒ No.☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		Dates business existed

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. <b>McClintock &amp; Associates (Auditors)</b> <b>1370 Washington Pike</b> <b>#201</b> <b>Bridgeville, PA 15017</b>	<b>Prior to 2009 to Present</b>
26a.2. <b>Wendy Hutchinson</b> <b>10547 SW Pueblo Street</b> <b>Tualatin, OR 97062</b>	<b>2015 to Present</b>

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26b.1. <b>McClintock &amp; Associates (Auditors)</b> <b>1370 Washington Pike</b> <b>#201</b> <b>Bridgeville, PA 15017</b>	<b>Prior to 2009 to Present</b>

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. <b>McClintock &amp; Associates (Auditors)</b> <b>1370 Washington Pike</b> <b>#201</b> <b>Bridgeville, PA 15017</b>	
26c.2. <b>Wendy Hutchinson</b> <b>10547 SW Pueblo Street</b> <b>Tualatin, OR 97062</b>	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address
26d.1. <b>ACICS</b> <b>1350 Eye Street NW</b> <b>#560</b> <b>Washington, DC 20005</b>
26d.2. <b>ABHES</b> <b>777 Leesburg Pike</b> <b>#314N</b> <b>Falls Church, VA 22043</b>

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
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28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
<b>Don Moutos</b>	<b>PO Box 220162</b> <b>Portland, OR 97269</b>	<b>CFO/President/Owner</b>	<b>76</b>
<b>Raymond Gauthier</b>	<b>2909 Rawhide Street</b> <b>West Linn, OR 97068</b>	<b>Secretary</b>	<b>24</b>

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

Debtor Pacific Education Corporation

Case number (if known) \_\_\_\_\_

- ☐ No  
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 <u>Don Moutos</u>	<u>See Part 4, Item 9</u>		
<u>Relationship to debtor</u>			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation

Employer identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☐ No  
☒ Yes. Identify below.

Name of the pension fund

Employer identification number of the parent corporation

Alerus Financial fbo Pioneer Pacific College (401k)

EIN: L86PPC

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 9/2/2020

  
Signature of individual signing on behalf of the debtor

Don Moutos  
Printed name

Position or relationship to debtor CFO/President/Owner

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No  
☐ Yes

United States Bankruptcy Court  
District of Oregon

In re Pacific Education Corporation

Debtor(s)

Case No.

Chapter

7

**VERIFICATION OF CREDITOR MATRIX**

I, the CFO/President/Owner of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date:

9/2/2020

  
\_\_\_\_\_  
Don Moutos/CFO/President/Owner  
Signer/Title



Aaron L Breckel  
38471 Mckenzie Hwy  
Springfield, OR 97478

Aaron W Ross Elkinton  
362 NE 34th Pl  
Hillsboro, OR 97124

Abigale Stowell  
6112 SE 55th Ave  
Portland, OR 97206

Access Information Management  
1101 Fisher Ave  
Medford, OR 97504

Access Information Management  
7507 N Leadbetter Rd  
Portland, OR 97203

Adler R Robinson-Verdugo  
22615 West Bluff Drive  
West Linn, OR 97068

Adrien Gault  
8075 N Edison Street  
Portland, OR 97203

Aidan Mathews  
1701 SW Columbia St Apt 501  
Portland, OR 97201

Alejandra Garcia  
3990 SW Minter Bridge Rd  
Hillsboro, OR 97123

Alexa Rugbart  
9627 SW 52nd Ave  
Portland, OR 97219

Alexandra Judge  
2107 Birchwood Ave  
Eugene, OR 97401

Alexandra Press  
5545 Kilchurn Ave  
Lake Oswego, OR 97035

Alexandria Leyson  
2349 S Alpine St  
Cornelius, OR 97113

Alexis Riggs  
773 NW 13th St #414  
Gresham, OR 97030

Alexys N Dolan  
PO Box 904  
Drain, OR 97435

Alka S Sola  
432 SE Baseline St  
Hillsboro, OR 97123

All Office Furniture  
1818 SW 5th Ave  
#351  
Portland, OR 97201

Allison C Burruss  
650 Mill St  
Apt 9  
Springfield, OR 97477

Allstream  
18110 SE 34th St  
Bldg 1, Suite 100  
Vancouver, WA 98683

Allyse J Bowen  
PO Box 749  
Elkton, OR 97436

Alonna N Mills  
2143 Laura St  
Springfield, OR 97477

Alyse R Meadows  
PO Box 7552  
Springfield, OR 97475

Alyshia B Baker  
3033 Gateway St  
#9  
Springfield, OR 97477

Alyson B Lynch  
4885 Aster St  
#192  
Springfield, OR 97478

Alyssa C Manes  
PO Box 1286  
La Pine, OR 97739

Alyssa Cornelison  
217 8th Ave  
Helena, MT 59601

Alyssa Kim  
15229 SE Chelsea Morning DR  
Happy Valley, OR 97086

Amanda Channel  
1259 SW Kiley Wy #98  
Beaverton, OR 97006

Amanda N Dodson  
59 Honer Ln  
Creswell, OR 97426

Amro Ezzat  
14712 SW Scholls Ferry Rd Apt 324  
Beaverton, OR 97007

Amy D Robillard  
2580 Park View Dr  
Eugene, OR 97408

Amy E Guyer  
9200 SW Arapaho Rd  
Tualatin, OR 97062

Andrew Brown  
4300 NE Prescott St  
Portland, OR 97218

Andrew Layne  
13438 SE Red Rose Lane  
Happy Valley, OR 97015

Angalena M Ortiz  
1098 NW Briarcreek Wy #423  
Beaverton, OR 97006

Angela A Fields  
540 S 15th St  
Lebanon, OR 97355

Angela M Clark  
1965 37th Cir  
Sweet Home, OR 97386

Anita M Westlund  
87909 Misty Ln  
Veneta, OR 97487

Annabelle C Pitcher  
7156 N Mobile Ave  
Portland, OR 97217

Annalee Merritt  
11700 SW Butner Rd Apt 106  
Portland, OR 97225

Anne Barron  
2550 Laurel Hill Dr  
Eugene, OR 97403

Anne M Belluardo  
205 NE 148th Ave #C  
Portland, OR 97230

Ariana E Farrell  
8508 N Gilbert Ave  
Portland, OR 97203

Ariane Medina  
310 SE 37th Ave  
Hillsboro, OR 97123

Ashlen G Carreira  
2450 SW Leonard St Apt #5  
Corvallis, OR 97333

Ashley M Rose  
1680 Ivy St Apt A  
Junction City, OR 97448

Ashley M Stotz  
38945 Sodaville Waterloo Dr  
Lebanon, OR 97355

Ashley Reardon  
1811 NE 66th St  
Vancouver, WA 98665

Ashley Scully  
2000 NE 112th Ave Apt A12  
Vancouver, WA 98684

Ashley Torres Ruiz  
1158 N Davis St  
Cornelius, OR 97113

Asset Recovery Group  
4520 SE Belmont Street #280  
Portland, OR 97215

Austin A Antczak  
229 NE Monroe St  
Portland, OR 97212

Austin Hinz  
1817 Silverstone Dr  
Forest Grove, OR 97116

Autumn Sampson  
449 Barclay Ave  
Oregon City, OR 97045

Bayley R Seaton-Wade  
1412 S 57th St  
Springfield, OR 97478

Beth R Albertini  
3087 Lord Byron Pl  
Eugene, OR 97408

Bethany L Neimiller  
PO Box 41133  
Eugene, OR 97404

Bonnie J Harvey  
3359 NW Walnut Blvd  
Corvallis, OR 97330

Braedyn K Evans  
648 St Andrews Lp  
Creswell, OR 97426

Brenda C Torres Sanchez  
839 S 68th St  
Springfield, OR 97478

Brenna M Bartlett  
6731 Aster St  
Springfield, OR 97478

Brian Wilke  
c/o Matthew D. Colley, Attorney  
Black Helterline LLP  
805 SW Broadway, Suite 1900  
Portland, OR 97205

Briana Perez  
1955 SW 5th Ave Apt 722 Bedspace - B  
Portland, OR 97201

Briane Lozzi  
3181 NE 23rd St Apt 01100  
Gresham, OR 97030

Brittani M Perkins  
1265 Seventh St  
Springfield, OR 97477

Brittany Quam  
601 Cowlitz Way  
Kelso, WA 98626

Brooke N Larson  
1340 Mill St  
#103  
Eugene, OR 97401

Bryana C Swaim  
25745 Hall Rd  
Junction City, OR 97448

Builder's Electric, Inc.  
195 Madison St  
Eugene, OR 97402

Caitlin Tessier  
2808 N Willamette Blvd  
Portland, OR 97217

Cameron Stephens  
706 West Central Ave  
Bentonville, AR 72712

Cameron V Lindsey  
93 Owosso Dr  
Eugene, OR 97404

Campus Management Corporation  
5201 North Congress Avenue  
Suite 220  
Boca Raton, FL 33487

Candice L Posey  
151 Heavenly Ct  
Sutherlin, OR 97479

Carestream Health Inc.  
150 Verona Street  
Rochester, NY 14608

Cascade Health Solutions  
2650 Suzanne Way  
Suite 200  
Eugene, OR 97408

Cassandra Rayford  
5534 SE 61st Ave  
Portland, OR 97206

Cassidy R Coulter  
1914 Fifth St  
Apt 45  
Springfield, OR 97477

Cassidy S Braverman  
188 Hardy Ave  
Eugene, OR 97404

Celina B Ivey  
2625 17th Place  
Forest Grove, OR 97116

CenturyLink  
700 West Mineral Ave  
M Floor  
Monroe, LA 71203-8012

Chadam Odell  
77928 Delena Mayger Rd.  
Rainier, OR 97048

Chalice M Crandall  
2146 Minnesota St  
Eugene, OR 97402

Chambers Development Corporation  
800 Willamette St  
Suite 750  
Eugene, OR 97401

Charli J Chalker  
13456 SW Hawks Beard Street #1532  
Portland, OR 97223



Chelsea A Robinson  
522 Madsen Loop  
Carlton, OR 97111

Chelsea D Slone  
27868 Riggs Hill Rd  
Foster, OR 97345

Chelsea L Veltri  
789 Old Orchard Ln  
Springfield, OR 97477

Cheyenne Harris  
1620 NW 14th Ave Apt #1107  
Portland, OR 97209

Chloe Bott  
4487 SW Stoddard Dr.  
Aloha, OR 97007

Christian J Root  
5911 SW Southview Pl  
Portland, OR 97219

Christian Powell  
105 Lynn Dr.  
Newberg, OR 97132

Christopher Behr  
1329 SW 14th Ave Apt 304  
Portland, OR 97201

Christopher Loder  
32911 SW Oakview Ct  
Cornelius, OR 97113

CIT Technology Financial Services  
PO Box 100706  
Pasadena, CA 91189

City of Portland  
1221 SW 4th Avenue  
Suite 430  
Portland, OR 97204

Cody B Allison  
18540 SW Boones Ferry Rd #J-1  
Tualatin, OR 97062

Cody Kachelein  
1631 SW Yamhill St Apt 206  
Portland, OR 97205

Colan Balkwell  
1717 SW Park Ave #708  
Portland, OR 97201

Colin M Leech  
16491 Hiram Ave  
Oregon City, OR 97045

Collin Austin  
925 I Street  
Sparks, NV 89431

Comcast Business  
780 Commercial St SE  
Suite 100  
Salem, OR 97301

Conrad P Michell  
3661 SE Nehalem St  
Portland, OR 97202

Courtanie R Toddy  
1401 E 10th St  
Newberg, OR 97132

Courtney C Dempsey  
35455 Hendricks Rd  
Creswell, OR 97426

Crystal Cardenas  
1717 SW Park Ave Apt 824  
Portland, OR 97201

Cynthia Arellano  
457 S Manzanita Ct.  
Canby, OR 97013

Cynthia Dillman  
1145 Rural Ave. S.E. Apt. 4  
Salem, OR 97302

Damian D Stowbunenko Saitschenko  
643 Sterling Dr  
Eugene, OR 97404

Daniel J Hovet  
2454 17th St  
Springfield, OR 97477

Daniel J Moore  
2500 Lyon St SE  
Albany, OR 97322

Daniel Zysk  
33360 SW Rogers Rd  
Scappoose, OR 97056

Daniela Tapia Reyes  
250 NW 181st Ave  
Beaverton, OR 97006

Danielle Herrington  
7425 SW Aloma Way Apt 2  
Portland, OR 97223

Darrienne R De La Rosa  
9065 Trask River Rd  
Tillamook, OR 97141

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Eugene, OR 97405

Thomson West  
c/o Corporation Service Company  
1127 Broadway St NE  
Suite 310  
Salem, OR 97301

Tiffany M Milles  
1149 Birch St  
Vernonia, OR 97064

Timothy A Williams  
992 NW Sycamore Ave  
Corvallis, OR 97330

Timothy Fogerson  
1009 NE 47th Ave Apt 2  
Portland, OR 97213

TLO LLC  
4530 Conference Way South  
Boca Raton, FL 33431

Todd Rogers  
2509 SE 48th Ave  
Portland, OR 97206

Tomas Glenn  
915 North 3rd St  
Lakeview, OR 97630

Toni J Garvin-Matthews  
1800 SW Old Sheridan Rd #D105  
McMinnville, OR 97128

Tori Webb  
3328 SW Beaverton-Hillsdale HWY, Apt 8  
Portland, OR 97239

Traci Cole  
1354 SW Spring Garden  
Portland, OR 97219



Traycee E Kirk  
245 S 35th St  
Springfield, OR 97478

Trenda Fletcher  
1510 5th St  
Tillamook, OR 97141

Trever Raulston  
463 Lair Ln  
Newberg, OR 97132

Trisha L Coleman  
499 Sterling Dr Unit G5  
Roseburg, OR 97470

Troy Albo  
1720 SW 4th Ave #917  
Portland, OR 97201

Tuition Options  
14000 Horizon Way #400  
Mount Laurel, NJ 08054

Tyler Gates  
1233 N Watts St  
Portland, OR 97217

Tyne T DeBudge  
1604 SW Clay St, Apt 203  
Portland, OR 97201

U-Store Self Storage - Springfield  
3880 International Ct  
Springfield, OR 97477

U.S. Small Business Administration  
620 SW Main St  
#313  
Portland, OR 97205

Universal Fire Equipment Inc.  
c/o Elizabeth M Heath, Registered Agent  
18260 SW 100th Ct  
Tualatin, OR 97062

Vi H Truong  
9115 SW Chelan Pl  
Beaverton, OR 97008

Vicenta A Villareal  
411 SE 83rd Ave  
Portland, OR 97216

Victoria A Blackstone  
2836 17th Ave  
Forest Grove, OR 97116

Victoria Harris  
14765 SW Osprey Dr Apt 621  
Beaverton, OR 97007

Vivia Ploub  
6285 Caldwell Rd #11  
Gladstone, OR 97027

Watumull Goose Hollow #505  
c/o Kidder Mathews  
101 SW Main St  
Suite 1200  
Portland, OR 97204

Willamette Express LTD  
2505 SE Stubb St  
Portland, OR 97222

Willamette Express Moving & Storage  
2505 SE Stubb Street  
Portland, OR 97222

William Oswald  
12140 SW KATHERINE ST  
Portland, OR 97223

Wolters Kluwer Law & Business  
c/o CT Corporation System  
780 Commercial St SE  
Suite 100  
Salem, OR 97301

Yaritza Mendoza  
256 SE Township Rd  
Canby, OR 97013

Yuliza G Sayago-Mandujano  
738 Adair St #64  
Cornelius, OR 97113

Yvette Portillo  
1325 SE Oak St #10  
Hillsboro, OR 97124

Yvonne E Cochran  
90136 Baker Rd  
Elmira, OR 97437

Zachary Ash-Lambert  
385 NE Elm St  
Sheridan, OR 97378

Zachary T Fitzgerald  
5005 SW 153rd Ave  
Beaverton, OR 97007

Zackary G Geisler  
4729 SE 86th Ave  
Portland, OR 97266

**BEAVERTON CAMPUS:**

The Round  
4145 SW Watson Ave #300  
Beaverton OR 97005

**SPRINGFIELD CAMPUSES:**

3783 International Court  
Springfield OR 97477

3800 Sports Way  
Springfield OR 97477

**OREGON CULINARY INSTITUTE CAMPUSES:**

1717 SW Madison Street  
Portland OR 97201

1701 SW Jefferson Street  
Portland OR 97201

**SERVER OFF-SITE LOCATION:**

Flexental  
23605 NW Huffman Street  
Hillsboro OR 97124

System No.	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
1356											
293	CAMPUS 2000	1/23/2003	SL / N/A	3.0000	148,638.00	100.0000	0.00	0.00	148,638.00	0.00	148,638.00
686	Campus 2000	5/1/2007	M / HY	3.0000	8,000.00	100.0000	0.00	0.00	8,000.00	0.00	8,000.00
Subtotal: 1356					156,638.00		0.00	0.00	156,638.00	0.00	156,638.00
Less dispositions and exchanges:											
Net for: 1356					156,638.00		0.00	0.00	156,638.00	0.00	156,638.00
1520B											
294	ULTRA X	1/8/2003	SL / N/A	5.0000	508.00	100.0000	0.00	0.00	508.00	0.00	508.00
482	Nursing Instructional Ei	11/1/2005	SL / N/A	7.0000	3,032.64	100.0000	0.00	0.00	3,032.64	0.00	3,032.64
486	Nursing Instructional Ei	11/10/2005	SL / N/A	7.0000	1,857.06	100.0000	0.00	0.00	1,857.06	0.00	1,857.06
487	Nursing Instruc Equip	11/28/2005	SL / N/A	7.0000	5,598.45	100.0000	0.00	0.00	5,598.45	0.00	5,598.45
488	Nursing Anne	11/29/2005	SL / N/A	7.0000	675.00	100.0000	0.00	0.00	675.00	0.00	675.00
526	American AED Defibrill	11/5/2010	SL / N/A	7.0000	1,299.00	100.0000	0.00	0.00	1,299.00	0.00	1,299.00
583	American AED Defibrill	11/5/2010	SL / N/A	7.0000	1,299.00	100.0000	0.00	0.00	1,299.00	0.00	1,299.00
585	18 laptops for PN Prog	5/1/2011	SL / N/A	5.0000	8,207.82	100.0000	0.00	0.00	8,207.82	0.00	8,207.82
586	Medical Equipment - Di	6/8/2016	SL / N/A	5.0000	5,697.85	100.0000	0.00	0.00	5,697.85	0.00	5,697.85
592	Emergency Cart - Healt	6/8/2016	SL / N/A	5.0000	1,089.52	100.0000	0.00	0.00	1,089.52	0.00	1,089.52
593	Nursing Simulation Lat	3/3/2016	SL / N/A	5.0000	46,821.99	100.0000	0.00	0.00	46,821.99	0.00	46,821.99
594	Leeson	1/1/2016	SL / N/A	5.0000	50.00	100.0000	0.00	0.00	50.00	0.00	50.00
965	Baby Scale	1/1/2016	SL / N/A	5.0000	25.00	100.0000	0.00	0.00	25.00	0.00	25.00
1010	Biosonic UC300 Whale	1/1/2016	SL / N/A	5.0000	400.00	100.0000	0.00	0.00	400.00	0.00	400.00
1011	Clocks	1/1/2016	SL / N/A	5.0000	10.00	100.0000	0.00	0.00	10.00	0.00	10.00
1013	Computer Monitor's 17	1/1/2016	SL / N/A	5.0000	160.00	100.0000	0.00	0.00	160.00	0.00	160.00
1014	Computer Monitor's 19	1/1/2016	SL / N/A	3.0000	1,755.00	100.0000	0.00	0.00	1,755.00	0.00	1,755.00
1015	DVD/VCR - Insignia	1/1/2016	SL / N/A	3.0000	5.00	100.0000	0.00	0.00	5.00	0.00	5.00
1018	Electrocardiograph	1/1/2016	SL / N/A	3.0000	100.00	100.0000	0.00	0.00	100.00	0.00	100.00
1019	Exam Tables	1/1/2016	SL / N/A	3.0000	300.00	100.0000	0.00	0.00	300.00	0.00	300.00
1020	Hat Stand	1/1/2016	SL / N/A	5.0000	4.00	100.0000	0.00	0.00	4.00	0.80	4.80
1023	Laminator	1/1/2016	SL / N/A	5.0000	75.00	100.0000	0.00	0.00	75.00	15.00	90.00
1024	Lattice Screen	1/1/2016	SL / N/A	5.0000	5.00	100.0000	0.00	0.00	5.00	1.00	6.00
1026	Metro Rack	1/1/2016	SL / N/A	5.0000	15.00	100.0000	0.00	0.00	15.00	3.00	18.00
1029	Microscopes	1/1/2016	SL / N/A	3.0000	450.00	100.0000	0.00	0.00	450.00	0.00	450.00
1032	PC's With Keyboards	1/1/2016	SL / N/A	3.0000	37,200.00	100.0000	0.00	0.00	37,200.00	0.00	37,200.00
1033	Pedestal Cabinets 2 Dr	1/1/2016	SL / N/A	3.0000	20.00	100.0000	0.00	0.00	20.00	0.00	20.00
1035	Plants	1/1/2016	SL / N/A	5.0000	45.00	100.0000	0.00	0.00	45.00	9.00	54.00
1036	Podium	1/1/2016	SL / N/A	3.0000	50.00	100.0000	0.00	0.00	50.00	0.00	50.00
1037	Printer - Dell 2330dn	1/1/2016	SL / N/A	3.0000	75.00	100.0000	0.00	0.00	75.00	0.00	75.00
1038	Printer - Dell 2335dn	1/1/2016	SL / N/A	3.0000	75.00	100.0000	0.00	0.00	75.00	0.00	75.00
1039	Printer - Dell 5310On	1/1/2016	SL / N/A	3.0000	75.00	100.0000	0.00	0.00	75.00	0.00	75.00
1040	Projector Dell	1/1/2016	SL / N/A	3.0000	100.00	100.0000	0.00	0.00	100.00	0.00	100.00
1041	Projector Dell 5300	1/1/2016	SL / N/A	3.0000	200.00	100.0000	0.00	0.00	200.00	0.00	200.00
1042	Projector - Infocus	1/1/2016	SL / N/A	3.0000	600.00	100.0000	0.00	0.00	600.00	0.00	600.00
1043	Projector Screens - Lar	1/1/2016	SL / N/A	3.0000	600.00	100.0000	0.00	0.00	600.00	0.00	600.00
1045	Refrigerators	1/1/2016	SL / N/A	3.0000	75.00	100.0000	0.00	0.00	75.00	0.00	75.00
1046	Server Room Equipmer	1/1/2016	SL / N/A	3.0000	10,000.00	100.0000	0.00	0.00	10,000.00	0.00	10,000.00

System No.	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
1520B											
1047	Misc. IT Parts Closet	1/1/2016	SL / N/A	3.0000	800.00	100.0000	0.00	0.00	800.00	0.00	800.00
1049	Skeletons - Large	1/1/2016	SL / N/A	3.0000	105.00	100.0000	0.00	0.00	105.00	0.00	105.00
1050	Skeletons - Small	1/1/2016	SL / N/A	3.0000	30.00	100.0000	0.00	0.00	30.00	0.00	30.00
1051	Sony Player	1/1/2016	SL / N/A	3.0000	10.00	100.0000	0.00	0.00	10.00	0.00	10.00
1060	ECG, Burdick 260 Inter	9/19/2017	SL / N/A	5.0000	4,738.00	100.0000	0.00	0.00	2,132.10	947.60	3,079.70
Subtotal: 1520B					134,238.33		0.00	0.00	118,626.41	11,827.27	130,453.68
Less dispositions and exchanges:					0.00				0.00	0.00	0.00
Net for: 1520B					134,238.33		0.00	0.00	118,626.41	11,827.27	130,453.68
1520C											
3369	X- Ray machine	10/16/2004	SL / N/A	5.0000	58,592.00	100.0000	0.00	0.00	58,592.00	0.00	58,592.00
3370	X- ray machine parts	11/16/2004	SL / N/A	5.0000	19,005.30	100.0000	0.00	0.00	19,005.30	0.00	19,005.30
3333	Dell Ghost Server	7/30/2010	SL / N/A	5.0000	3,508.39	100.0000	0.00	0.00	3,508.39	0.00	3,508.39
3359	9 PCs	6/29/2011	SL / N/A	5.0000	6,964.56	100.0000	0.00	0.00	6,964.56	0.00	6,964.56
Subtotal: 1520C					88,070.25		0.00	0.00	88,070.25	0.00	88,070.25
Less dispositions and exchanges:					0.00				0.00	0.00	0.00
Net for: 1520C					88,070.25		0.00	0.00	88,070.25	0.00	88,070.25
1520E											
2262	JVC TV	7/31/2002	SL / N/A	5.0000	440.00	100.0000	0.00	0.00	440.00	0.00	440.00
2263	MED EQUIP	7/31/2002	SL / N/A	5.0000	4,860.06	100.0000	0.00	0.00	4,860.06	0.00	4,860.06
2264	AV CART, COMP TABL	8/5/2002	SL / N/A	5.0000	1,588.27	100.0000	0.00	0.00	1,588.27	0.00	1,588.27
2265	MED EQUIP	8/13/2002	SL / N/A	5.0000	862.42	100.0000	0.00	0.00	862.42	0.00	862.42
2266	44 CHAIRS	8/19/2002	SL / N/A	5.0000	1,424.00	100.0000	0.00	0.00	1,424.00	0.00	1,424.00
2267	MICROSCOPES	8/20/2002	SL / N/A	5.0000	3,650.00	100.0000	0.00	0.00	3,650.00	0.00	3,650.00
2268	MED EQUIP	8/26/2002	SL / N/A	5.0000	552.90	100.0000	0.00	0.00	552.90	0.00	552.90
2271	10 TRANSCRIBERS	10/21/2002	SL / N/A	5.0000	1,750.00	100.0000	0.00	0.00	1,750.00	0.00	1,750.00
2273	MICROPHONE SYSTE	12/27/2002	SL / N/A	5.0000	830.00	100.0000	0.00	0.00	830.00	0.00	830.00
3308	34 CHAIRS, 30 TABLE	4/14/2003	SL / N/A	5.0000	8,120.00	100.0000	0.00	0.00	8,120.00	0.00	8,120.00
3368	Atria 3000	2/1/2004	SL / N/A	5.0000	3,016.89	100.0000	0.00	0.00	3,016.89	0.00	3,016.89
3378	Atria 3000	3/12/2004	SL / N/A	5.0000	2,400.00	100.0000	0.00	0.00	2,400.00	0.00	2,400.00
495	Dell projector, cpu and	3/24/2005	SL / N/A	5.0000	3,143.95	100.0000	0.00	0.00	3,143.95	0.00	3,143.95
497	Dell Projector, cpu and	10/1/2005	SL / N/A	5.0000	3,758.11	100.0000	0.00	0.00	3,758.11	0.00	3,758.11
498	HP Laserjet printer	10/5/2005	SL / N/A	5.0000	1,156.45	100.0000	0.00	0.00	1,156.45	0.00	1,156.45
500	vertical file drawer	12/12/2005	SL / N/A	7.0000	222.00	100.0000	0.00	0.00	222.00	0.00	222.00
545	Bio Safety Cabinet	3/15/2006	SL / N/A	7.0000	4,508.75	100.0000	0.00	0.00	4,508.75	0.00	4,508.75
546	Projector	7/3/2006	SL / N/A	5.0000	245.99	100.0000	0.00	0.00	245.99	0.00	245.99
547	Electric Scale	10/16/2006	SL / N/A	7.0000	1,275.26	100.0000	0.00	0.00	1,275.26	0.00	1,275.26
631	Server	2/14/2007	SL / N/A	5.0000	9,275.05	100.0000	0.00	0.00	9,275.05	0.00	9,275.05
632	TBU Frx Server	2/15/2007	SL / N/A	5.0000	3,228.65	100.0000	0.00	0.00	3,228.65	0.00	3,228.65
702	Medical cart w/ key loc	5/1/2008	SL / N/A	5.0000	1,097.00	100.0000	0.00	0.00	1,097.00	0.00	1,097.00
752	Dell 2400 DLP Projectc	4/10/2008	SL / N/A	5.0000	1,129.00	100.0000	0.00	0.00	1,129.00	0.00	1,129.00
753	Intruational DVD's	4/21/2008	SL / N/A	5.0000	6,825.44	100.0000	0.00	0.00	6,825.44	0.00	6,825.44
754	Laerdal - Chester Ches	4/23/2008	SL / N/A	5.0000	896.77	100.0000	0.00	0.00	896.77	0.00	896.77
755	Dell OptiPlex 755 (desk	4/27/2008	SL / N/A	5.0000	1,140.30	100.0000	0.00	0.00	1,140.30	0.00	1,140.30

System No.	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
1520E											
756	Dell OptiPlex 755 (desk	4/27/2008	SL / N/A	5.0000	1,140.30	100.0000	0.00	0.00	1,140.30	0.00	1,140.30
757	Dell OptiPlex 755 (desk	4/27/2008	SL / N/A	5.0000	1,140.30	100.0000	0.00	0.00	1,140.30	0.00	1,140.30
758	Dell OptiPlex 755 (desk	4/27/2008	SL / N/A	5.0000	1,140.30	100.0000	0.00	0.00	1,140.30	0.00	1,140.30
759	Dell OptiPlex 755 (desk	4/27/2008	SL / N/A	5.0000	1,140.30	100.0000	0.00	0.00	1,140.30	0.00	1,140.30
760	Dell OptiPlex 755 (desk	4/27/2008	SL / N/A	5.0000	1,140.30	100.0000	0.00	0.00	1,140.30	0.00	1,140.30
761	Dell OptiPlex 755 (desk	4/27/2008	SL / N/A	5.0000	1,140.30	100.0000	0.00	0.00	1,140.30	0.00	1,140.30
762	Dell OptiPlex 755 (desk	4/27/2008	SL / N/A	5.0000	1,140.30	100.0000	0.00	0.00	1,140.30	0.00	1,140.30
763	Dell OptiPlex 755 (desk	4/27/2008	SL / N/A	5.0000	1,140.30	100.0000	0.00	0.00	1,140.30	0.00	1,140.30
764	Dell OptiPlex 755 (desk	4/27/2008	SL / N/A	5.0000	1,140.30	100.0000	0.00	0.00	1,140.30	0.00	1,140.30
765	Dell OptiPlex 755 (desk	4/27/2008	SL / N/A	5.0000	1,140.30	100.0000	0.00	0.00	1,140.30	0.00	1,140.30
766	Life/form venipuncture	4/30/2008	SL / N/A	5.0000	539.00	100.0000	0.00	0.00	539.00	0.00	539.00
768	Dell DLP Projector	5/7/2008	SL / N/A	5.0000	1,129.00	100.0000	0.00	0.00	1,129.00	0.00	1,129.00
769	HP LaserJet P4015n P	5/7/2008	SL / N/A	5.0000	1,153.34	100.0000	0.00	0.00	1,153.34	0.00	1,153.34
770	Dell OptiPlex 755 (desk	5/9/2008	SL / N/A	5.0000	904.70	100.0000	0.00	0.00	904.70	0.00	904.70
771	4 Cherry & Black Evolu	5/9/2008	SL / N/A	7.0000	1,554.34	100.0000	0.00	0.00	1,554.34	0.00	1,554.34
772	Nursing Manikin, Traini	4/24/2008	SL / N/A	5.0000	3,175.47	100.0000	0.00	0.00	3,175.47	0.00	3,175.47
776	Student Lab PC	4/20/2009	SL / N/A	5.0000	912.61	100.0000	0.00	0.00	912.61	0.00	912.61
777	X-Ray Machine	5/4/2009	SL / N/A	5.0000	87,567.82	100.0000	0.00	0.00	87,567.82	0.00	87,567.82
778	Dell Power Connect Sv	5/28/2009	SL / N/A	5.0000	1,502.26	100.0000	0.00	0.00	1,502.26	0.00	1,502.26
779	Projectors	8/1/2009	SL / N/A	5.0000	1,758.40	100.0000	0.00	0.00	1,758.40	0.00	1,758.40
780	Dell Projector	11/2/2009	SL / N/A	5.0000	1,036.48	100.0000	0.00	0.00	1,036.48	0.00	1,036.48
784	Models	5/6/2008	SL / N/A	5.0000	12,081.90	100.0000	0.00	0.00	12,081.90	0.00	12,081.90
785	Stretcher basic wheel	5/20/2008	SL / N/A	5.0000	898.09	100.0000	0.00	0.00	898.09	0.00	898.09
786	Digital Microscopes	6/15/2008	SL / N/A	5.0000	1,084.95	100.0000	0.00	0.00	1,084.95	0.00	1,084.95
787	Digital Microscope	6/11/2008	SL / N/A	5.0000	525.28	100.0000	0.00	0.00	525.28	0.00	525.28
788	Dell OptiPlex	7/27/2008	SL / N/A	5.0000	4,106.94	100.0000	0.00	0.00	4,106.94	0.00	4,106.94
822	Dell Capital Lease - 14c	5/1/2009	SL / N/A	5.0000	113,557.00	100.0000	0.00	0.00	113,557.00	0.00	113,557.00
836	Dell PowerEdge Server	3/24/2010	SL / N/A	5.0000	3,906.70	100.0000	0.00	0.00	3,906.70	0.00	3,906.70
837	Dell Ghost Server	7/30/2010	SL / N/A	5.0000	3,508.39	100.0000	0.00	0.00	3,508.39	0.00	3,508.39
838	Dell Projector	8/10/2010	SL / N/A	5.0000	1,215.20	100.0000	0.00	0.00	1,215.20	0.00	1,215.20
860	Infusion pump	3/11/2011	SL / N/A	5.0000	1,599.44	100.0000	0.00	0.00	1,599.44	0.00	1,599.44
861	O.B. Manikin	4/13/2011	SL / N/A	5.0000	611.95	100.0000	0.00	0.00	611.95	0.00	611.95
862	Laptop storage & charg	4/22/2011	SL / N/A	5.0000	732.11	100.0000	0.00	0.00	732.11	0.00	732.11
863	Kenavision DGTL SCP	4/28/2011	SL / N/A	5.0000	848.95	100.0000	0.00	0.00	848.95	0.00	848.95
864	2 projectors	6/28/2011	SL / N/A	5.0000	1,766.44	100.0000	0.00	0.00	1,766.44	0.00	1,766.44
865	6 PCs	6/29/2011	SL / N/A	5.0000	4,643.04	100.0000	0.00	0.00	4,643.04	0.00	4,643.04
877	Hospital beds	12/1/2011	M / HY	5.0000	2,450.00	100.0000	0.00	0.00	2,450.00	0.00	2,450.00
880	Dell Projector	1/19/2012	SL / N/A	5.0000	974.40	100.0000	0.00	0.00	974.40	0.00	974.40
881	Laerdal Nursing Anne	2/24/2012	SL / N/A	5.0000	873.00	100.0000	0.00	0.00	873.00	0.00	873.00
882	Infusion pump Medline	10/1/2012	SL / N/A	5.0000	7,750.46	100.0000	0.00	0.00	7,750.46	0.00	7,750.46
883	Female Skeleton	11/1/2012	SL / N/A	5.0000	2,461.69	100.0000	0.00	0.00	2,461.69	0.00	2,461.69
884	Server eAegis LLC	11/8/2012	SL / N/A	5.0000	2,225.00	100.0000	0.00	0.00	2,225.00	0.00	2,225.00
885	Hospital Bed	10/1/2012	SL / N/A	5.0000	937.50	100.0000	0.00	0.00	937.50	0.00	937.50
886	Storage Cart for laptop	1/24/2012	SL / N/A	5.0000	600.00	100.0000	0.00	0.00	600.00	0.00	600.00
887	X-ray Equip Down Pmt	6/28/2012	SL / N/A	5.0000	698.39	100.0000	0.00	0.00	698.39	0.00	698.39
888		7/20/2012	SL / N/A	5.0000	11,340.00	100.0000	0.00	0.00	11,340.00	0.00	11,340.00

System No.	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
1520E											
889	Radiographic Suite	8/1/2012	SL / N/A	5.0000	1,890.00	100.0000	0.00	0.00	1,890.00	0.00	1,890.00
890	Pump Nursing Supplies	8/7/2012	SL / N/A	5.0000	2,461.84	100.0000	0.00	0.00	2,461.84	0.00	2,461.84
891	New X-Ray Equipment	8/15/2012	SL / N/A	5.0000	5,670.00	100.0000	0.00	0.00	5,670.00	0.00	5,670.00
892	Cables	8/24/2012	SL / N/A	5.0000	1,500.00	100.0000	0.00	0.00	1,500.00	0.00	1,500.00
893	EKG Machine Medline	8/29/2012	SL / N/A	5.0000	4,050.89	100.0000	0.00	0.00	4,050.89	0.00	4,050.89
894	Infusion Pump Medline	9/6/2012	SL / N/A	5.0000	2,461.69	100.0000	0.00	0.00	2,461.69	0.00	2,461.69
895	Catheter System Medli	9/7/2012	SL / N/A	5.0000	644.95	100.0000	0.00	0.00	644.95	0.00	644.95
896	Medline Supplies	10/16/2012	SL / N/A	5.0000	578.92	100.0000	0.00	0.00	578.92	0.00	578.92
897	CR 850 System	11/1/2012	SL / N/A	5.0000	28,000.00	100.0000	0.00	0.00	28,000.00	0.00	28,000.00
898	Lateral Files	9/13/2012	SL / N/A	7.0000	768.00	100.0000	0.00	0.00	768.00	0.00	768.00
899	Dell Projector	2/24/2012	SL / N/A	5.0000	873.00	100.0000	0.00	0.00	873.00	0.00	873.00
900	Worktable	3/13/2012	SL / N/A	5.0000	750.00	100.0000	0.00	0.00	750.00	0.00	750.00
901	Cubicles	12/12/2012	SL / N/A	7.0000	2,242.00	100.0000	0.00	0.00	2,242.00	0.00	2,242.00
902	eAegis Server	8/10/2012	SL / N/A	5.0000	6,445.00	100.0000	0.00	0.00	6,445.00	0.00	6,445.00
903	Desk, RT Ped 66x30	5/17/2012	SL / N/A	5.0000	554.98	100.0000	0.00	0.00	554.98	0.00	554.98
904	eAegis Server	10/1/2012	SL / N/A	5.0000	937.50	100.0000	0.00	0.00	937.50	0.00	937.50
914	Work Benches	8/20/2013	SL / N/A	5.0000	3,251.51	100.0000	0.00	0.00	3,251.51	0.00	3,251.51
916	5 72X30 Complete ben	8/21/2013	SL / N/A	5.0000	4,232.89	100.0000	0.00	0.00	4,232.89	0.00	4,232.89
917	All-Spec Industries	9/18/2013	SL / N/A	5.0000	1,573.83	100.0000	0.00	0.00	1,573.83	0.00	1,573.83
936	Dell Processors	1/6/2014	M / HY	5.0000	9,217.00	100.0000	0.00	0.00	9,217.00	0.00	9,217.00
937	Office Essentials - Equi	1/17/2014	M / HY	3.0000	3,660.00	100.0000	0.00	0.00	3,660.00	0.00	3,660.00
938	Office Essentials -	3/18/2014	M / HY	3.0000	1,900.00	100.0000	0.00	0.00	1,900.00	0.00	1,900.00
948	Dell Items	11/3/2015	SL / N/A	5.0000	910.48	100.0000	0.00	0.00	910.48	151.73	910.48
1062	Laptop LLEAP Instruct	7/20/2017	SL / N/A	5.0000	2,131.00	100.0000	0.00	0.00	1,029.98	426.20	1,456.18
1063	Nursing Anne (SimPad	7/25/2017	SL / N/A	5.0000	5,150.00	100.0000	0.00	0.00	2,489.17	1,030.00	3,519.17
1064	Laerdal	7/27/2017	SL / N/A	5.0000	2,600.00	100.0000	0.00	0.00	1,256.67	520.00	1,776.67
Subtotal: 1520E					455,885.98		0.00	0.00	450,629.07	2,127.93	452,757.00
Less dispositions and exchanges:					0.00		0.00	0.00	0.00	0.00	0.00
Net for: 1520E					455,885.98		0.00	0.00	450,629.07	2,127.93	452,757.00
5200											
541	SRM - Lockers	2/23/2006	SL / N/A	7.0000	10,608.00	100.0000	0.00	0.00	10,608.00	0.00	10,608.00
549	Pacific Restaurant - Equi	2/8/2006	SL / N/A	7.0000	321,056.19	100.0000	0.00	0.00	321,056.19	0.00	321,056.19
550	SRM - Furniture Fixture	2/23/2006	SL / N/A	7.0000	33,247.88	100.0000	0.00	0.00	33,247.88	0.00	33,247.88
551	SRM - Lockers	2/23/2006	SL / N/A	7.0000	15,402.77	100.0000	0.00	0.00	15,402.77	0.00	15,402.77
552	SRM - Table Tops	3/14/2006	SL / N/A	7.0000	2,102.00	100.0000	0.00	0.00	2,102.00	0.00	2,102.00
553	SRM - Furniture/Fixture	3/14/2006	SL / N/A	7.0000	148.32	100.0000	0.00	0.00	148.32	0.00	148.32
555	Mercer Tool Corp - Misc	3/22/2006	SL / N/A	7.0000	1,791.00	100.0000	0.00	0.00	1,791.00	0.00	1,791.00
556	Sysco - Various Small H	3/25/2006	SL / N/A	7.0000	16,546.98	100.0000	0.00	0.00	16,546.98	0.00	16,546.98
557	HP Laser Jet Printer	3/30/2006	SL / N/A	5.0000	419.66	100.0000	0.00	0.00	419.66	0.00	419.66
558	Sysco - Various Small E	3/30/2006	SL / N/A	7.0000	7,361.87	100.0000	0.00	0.00	7,361.87	0.00	7,361.87
559	Sysco Small Kitchen S	4/5/2006	SL / N/A	7.0000	1,857.59	100.0000	0.00	0.00	1,857.59	0.00	1,857.59
561	Dell Server	4/10/2006	SL / N/A	7.0000	7,259.25	100.0000	0.00	0.00	7,259.25	0.00	7,259.25
562	Sysco - Small Kitchen S	4/11/2006	SL / N/A	7.0000	812.36	100.0000	0.00	0.00	812.36	0.00	812.36
563	Sysco - Misc Kitchen	4/21/2006	SL / N/A	7.0000	44,894.37	100.0000	0.00	0.00	44,894.37	0.00	44,894.37



System No.	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
15200											
564	Dell - Projector	6/2/2006	SL / N/A	5.0000	1,293.30	100.0000	0.00	0.00	1,293.30	0.00	1,293.30
566	Sysco - Misc Kitchen	7/1/2006	SL / N/A	7.0000	332.58	100.0000	0.00	0.00	332.58	0.00	332.58
567	Sysco - Misc Kitchen	7/10/2006	SL / N/A	7.0000	1,566.86	100.0000	0.00	0.00	1,566.86	0.00	1,566.86
568	Mercer Tool - misc Eq	8/25/2006	SL / N/A	7.0000	542.30	100.0000	0.00	0.00	542.30	0.00	542.30
569	3 File Cabinets	10/5/2006	SL / N/A	7.0000	394.00	100.0000	0.00	0.00	394.00	0.00	394.00
570	Sysco Cake Stands	11/29/2006	SL / N/A	7.0000	1,068.42	100.0000	0.00	0.00	1,068.42	0.00	1,068.42
571	Sysco - Fryers	12/29/2006	SL / N/A	7.0000	355.69	100.0000	0.00	0.00	355.69	0.00	355.69
633	Sysco Foods Mold Iron	1/12/2007	SL / N/A	5.0000	684.32	100.0000	0.00	0.00	684.32	0.00	684.32
634	Sysco Pot Stock with F	3/30/2007	SL / N/A	5.0000	940.50	100.0000	0.00	0.00	940.50	0.00	940.50
635	Office Depot - furniture	4/2/2007	SL / N/A	5.0000	3,531.99	100.0000	0.00	0.00	3,531.99	0.00	3,531.99
636	Sysco Foods - Pot Stoc	5/22/2007	SL / N/A	5.0000	750.00	100.0000	0.00	0.00	750.00	0.00	750.00
637	Sysco - 6 Stand Mixers	5/24/2007	SL / N/A	5.0000	1,499.94	100.0000	0.00	0.00	1,499.94	0.00	1,499.94
638	Sysco - Molds and Coc	6/5/2007	SL / N/A	5.0000	1,690.98	100.0000	0.00	0.00	1,690.98	0.00	1,690.98
640	Boxer Northwest - Batc	7/23/2007	SL / N/A	5.0000	4,125.77	100.0000	0.00	0.00	4,125.77	0.00	4,125.77
713	Slicer 12" Manual 120\	6/1/2008	SL / N/A	5.0000	1,643.00	100.0000	0.00	0.00	1,643.00	0.00	1,643.00
715	Mini Rotating Oven w/	12/30/2008	SL / N/A	5.0000	13,695.00	100.0000	0.00	0.00	13,695.00	0.00	13,695.00
775	DLP Projector	12/2/2009	SL / N/A	5.0000	1,036.48	100.0000	0.00	0.00	1,036.48	0.00	1,036.48
781	Steelcase Commodity	1/9/2009	SL / N/A	7.0000	11,859.63	100.0000	0.00	0.00	11,859.63	0.00	11,859.63
782	SC522676 JK Microsoi	6/29/2009	SL / N/A	5.0000	5,382.52	100.0000	0.00	0.00	5,382.52	0.00	5,382.52
783	Rolling Board	7/23/2009	SL / N/A	7.0000	664.99	100.0000	0.00	0.00	664.99	0.00	664.99
791	Solid Door Freezer	10/1/2009	SL / N/A	7.0000	3,600.00	100.0000	0.00	0.00	3,600.00	0.00	3,600.00
792	Camerons Installations	12/31/2009	SL / N/A	10.0000	500.00	100.0000	0.00	0.00	500.00	0.00	500.00
821	Capital Lease - Dell - 1C	5/1/2009	SL / N/A	5.0000	82,230.75	100.0000	0.00	0.00	82,230.75	0.00	82,230.75
839	Charbroiler	12/30/2010	SL / N/A	5.0000	1,530.00	100.0000	0.00	0.00	1,530.00	0.00	1,530.00
870	oor for backroom expai	3/17/2011	SL / N/A	7.0000	631.00	100.0000	0.00	0.00	631.00	0.00	631.00
946	QNAP Server	1/13/2015	SL / N/A	5.0000	2,051.00	100.0000	0.00	0.00	2,051.00	0.00	2,051.00
Subtotal: 15200					607,109.26		0.00	0.00	607,109.26	0.00	607,109.26
Less dispositions and exchanges:					0.00		0.00	0.00	0.00	0.00	0.00
Net for: 15200					607,109.26		0.00	0.00	607,109.26	0.00	607,109.26
520Z											
1061	Dell Networking 48 Por	3/31/2017	SL / N/A	3.0000	999.00	100.0000	0.00	0.00	915.75	83.25	999.00
Subtotal: 1520Z					999.00		0.00	0.00	915.75	83.25	999.00
Less dispositions and exchanges:					0.00		0.00	0.00	0.00	0.00	0.00
Net for: 1520Z					999.00		0.00	0.00	915.75	83.25	999.00
1521B											
381	Library Furniture	9/1/2004	SL / N/A	7.0000	73,638.06	100.0000	0.00	0.00	73,638.06	0.00	73,638.06
382	Library Fixtures	9/1/2004	SL / N/A	7.0000	13,774.31	100.0000	0.00	0.00	13,774.31	0.00	13,774.31
966	Artwork	1/1/2016	SL / N/A	3.0000	480.00	100.0000	0.00	0.00	480.00	0.00	480.00
967	39 Bookcases	1/1/2016	SL / N/A	3.0000	1,170.00	100.0000	0.00	0.00	1,170.00	0.00	1,170.00
968	Bulletin Boards - Large	1/1/2016	SL / N/A	3.0000	910.00	100.0000	0.00	0.00	910.00	0.00	910.00
969	Bulletin Boards - Small	1/1/2016	SL / N/A	3.0000	925.00	100.0000	0.00	0.00	925.00	0.00	925.00
970	Doors	1/1/2016	SL / N/A	3.0000	225.00	100.0000	0.00	0.00	225.00	0.00	225.00
971	Carts - Small	1/1/2016	SL / N/A	3.0000	450.00	100.0000	0.00	0.00	450.00	0.00	450.00

System No.	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
1521B											
972	Chairs - No Arms	1/1/2016	SL / N/A	3.0000	680.00	100.0000		0.00	680.00	0.00	680.00
973	Chairs - Executive	1/1/2016	SL / N/A	3.0000	1,125.00	100.0000		0.00	1,125.00	0.00	1,125.00
974	Chairs - Guest	1/1/2016	SL / N/A	3.0000	1,150.00	100.0000		0.00	1,150.00	0.00	1,150.00
975	Chairs - Office	1/1/2016	SL / N/A	3.0000	3,950.00	100.0000		0.00	3,950.00	0.00	3,950.00
976	Chairs - Stacking	1/1/2016	SL / N/A	3.0000	5,800.00	100.0000		0.00	5,800.00	0.00	5,800.00
977	Desks	1/1/2016	SL / N/A	3.0000	1,650.00	100.0000		0.00	1,650.00	0.00	1,650.00
978	Drawer	1/1/2016	SL / N/A	3.0000	125.00	100.0000		0.00	125.00	0.00	125.00
979	Drawer	1/1/2016	SL / N/A	3.0000	1,650.00	100.0000		0.00	1,650.00	0.00	1,650.00
980	Drawer - Fire Proof	1/1/2016	SL / N/A	3.0000	300.00	100.0000		0.00	300.00	0.00	300.00
982	Track	1/1/2016	SL / N/A	3.0000	65.00	100.0000		0.00	65.00	0.00	65.00
983	Track	1/1/2016	SL / N/A	3.0000	50.00	100.0000		0.00	50.00	0.00	50.00
984	Tables - Breakroom - R	1/1/2016	SL / N/A	3.0000	240.00	100.0000		0.00	240.00	0.00	240.00
986	Rooms	1/1/2016	SL / N/A	3.0000	7,200.00	100.0000		0.00	7,200.00	0.00	7,200.00
987	TV - Samsung 42" Flat	1/1/2016	SL / N/A	5.0000	300.00	100.0000		0.00	240.00	60.00	300.00
988	TV Stand	1/1/2016	SL / N/A	3.0000	10.00	100.0000		0.00	10.00	0.00	10.00
989	TV's Old	1/1/2016	SL / N/A	3.0000	75.00	100.0000		0.00	75.00	0.00	75.00
990	Upright Refrigerator	1/1/2016	SL / N/A	3.0000	50.00	100.0000		0.00	50.00	0.00	50.00
1001	Drawer - Fire Proof	1/1/2016	SL / N/A	3.0000	1,500.00	100.0000		0.00	1,500.00	0.00	1,500.00
1003	Bulletin Boards - Small	1/1/2016	SL / N/A	3.0000	125.00	100.0000		0.00	125.00	0.00	125.00
1004	Chairs Guest	1/1/2016	SL / N/A	3.0000	250.00	100.0000		0.00	250.00	0.00	250.00
1005	Drawer	1/1/2016	SL / N/A	3.0000	100.00	100.0000		0.00	100.00	0.00	100.00
1006	Tables - Breakroom - R	1/1/2016	SL / N/A	3.0000	240.00	100.0000		0.00	240.00	0.00	240.00
1007	Drawer - Fire Proof	1/1/2016	SL / N/A	3.0000	300.00	100.0000		0.00	300.00	0.00	300.00
Subtotal: 1521B					118,507.37		0.00	0.00	118,447.37	60.00	118,507.37
Less dispositions and exchanges:					0.00		0.00	0.00	0.00	0.00	0.00
Net for: 1521B					118,507.37		0.00	0.00	118,447.37	60.00	118,507.37
1521C											
997	Lateral Files	5/22/2004	SL / N/A	7.0000	234.90	100.0000		0.00	234.90	0.00	234.90
9871	Workstations 3rd floor :	9/1/2011	SL / N/A	7.0000	6,405.00	100.0000		0.00	6,405.00	0.00	6,405.00
Subtotal: 1521C					6,639.90		0.00	0.00	6,639.90	0.00	6,639.90
Less dispositions and exchanges:					0.00		0.00	0.00	0.00	0.00	0.00
Net for: 1521C					6,639.90		0.00	0.00	6,639.90	0.00	6,639.90
1521E											
202	OFFICE FURNITURE, C	4/29/2002	SL / N/A	7.0000	5,856.98	100.0000		0.00	5,856.98	0.00	5,856.98
203	22 TASK CHAIRS	6/3/2002	SL / N/A	5.0000	2,750.00	100.0000		0.00	2,750.00	0.00	2,750.00
210	RECEPTION FURNITUI	6/10/2002	SL / N/A	7.0000	590.00	100.0000		0.00	590.00	0.00	590.00
211	15 TABLES,32 CHAIRS	6/24/2002	SL / N/A	5.0000	7,196.90	100.0000		0.00	7,196.90	0.00	7,196.90
218	9.8,11 CHAIRS	7/29/2002	SL / N/A	5.0000	4,463.00	100.0000		0.00	4,463.00	0.00	4,463.00
219	DESK, FILE, BC, 4 TAE	8/12/2002	SL / N/A	5.0000	1,287.00	100.0000		0.00	1,287.00	0.00	1,287.00
220	36,4 CHAIRS, TABLES	9/2/2002	SL / N/A	5.0000	3,618.03	100.0000		0.00	3,618.03	0.00	3,618.03
223	DESK, 20 TABLES, 2 E	10/14/2002	SL / N/A	5.0000	3,120.18	100.0000		0.00	3,120.18	0.00	3,120.18
232	16 COMP TABLES, 59	11/4/2002	SL / N/A	5.0000	6,983.00	100.0000		0.00	6,983.00	0.00	6,983.00
315	WHITE BOARD, CHAIF	1/6/2003	SL / N/A	5.0000	1,140.00	100.0000		0.00	1,140.00	0.00	1,140.00

System No.	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
1521E											
316	office cubes	3/31/2003	SL / N/A	7.0000	10,321.00	100.0000		0.00	10,321.00	0.00	10,321.00
317	5 wht brds and 2 cabin	4/7/2003	SL / N/A	7.0000	1,283.73	100.0000		0.00	1,283.73	0.00	1,283.73
318	CHAIRS	4/14/2003	SL / N/A	5.0000	7,980.00	100.0000		0.00	7,980.00	0.00	7,980.00
319	15 CHAIRS	4/14/2003	SL / N/A	5.0000	3,137.00	100.0000		0.00	3,137.00	0.00	3,137.00
320	BOOK CASES AND EX	4/28/2003	SL / N/A	7.0000	998.98	100.0000		0.00	998.98	0.00	998.98
321	SIGNS	5/2/2003	SL / N/A	7.0000	4,250.00	100.0000		0.00	4,250.00	0.00	4,250.00
322	MICROWAVE, REFRID	5/19/2003	SL / N/A	7.0000	994.50	100.0000		0.00	994.50	0.00	994.50
323	SIGNS	7/1/2003	SL / N/A	7.0000	8,297.20	100.0000		0.00	8,297.20	0.00	8,297.20
324	GUEST CHAIR AND W	7/7/2003	SL / N/A	7.0000	619.99	100.0000		0.00	619.99	0.00	619.99
343	2 LATERAL FILES	9/8/2003	SL / N/A	5.0000	1,179.88	100.0000		0.00	1,179.88	0.00	1,179.88
344	6 HON TABLES	10/1/2003	SL / N/A	5.0000	1,392.00	100.0000		0.00	1,392.00	0.00	1,392.00
379	2 storage cabinets	2/23/2004	SL / N/A	7.0000	805.10	100.0000		0.00	805.10	0.00	805.10
380	Lateral File	2/23/2004	SL / N/A	7.0000	439.99	100.0000		0.00	439.99	0.00	439.99
401	White board	2/16/2004	SL / N/A	7.0000	186.19	100.0000		0.00	186.19	0.00	186.19
402	Folding Tables	2/16/2004	SL / N/A	7.0000	5,264.00	100.0000		0.00	5,264.00	0.00	5,264.00
403	Chairs	3/1/2004	SL / N/A	7.0000	782.10	100.0000		0.00	782.10	0.00	782.10
404	Chairs	3/8/2004	SL / N/A	7.0000	715.78	100.0000		0.00	715.78	0.00	715.78
405	Tables	3/10/2004	SL / N/A	7.0000	909.24	100.0000		0.00	909.24	0.00	909.24
406	Chairs	3/10/2004	SL / N/A	7.0000	266.70	100.0000		0.00	266.70	0.00	266.70
407	CPU holders	3/15/2004	SL / N/A	7.0000	162.00	100.0000		0.00	162.00	0.00	162.00
409	Mail slot organizer	3/22/2004	SL / N/A	7.0000	559.98	100.0000		0.00	559.98	0.00	559.98
410	Tables	3/22/2004	SL / N/A	7.0000	1,213.38	100.0000		0.00	1,213.38	0.00	1,213.38
411	File Cabinets	5/10/2004	SL / N/A	7.0000	338.75	100.0000		0.00	338.75	0.00	338.75
413	Chairs	9/16/2004	SL / N/A	7.0000	1,612.32	100.0000		0.00	1,612.32	0.00	1,612.32
414	File Cabinet	10/25/2004	SL / N/A	7.0000	210.00	100.0000		0.00	210.00	0.00	210.00
415	Desk	12/6/2004	SL / N/A	7.0000	469.99	100.0000		0.00	469.99	0.00	469.99
416	Chairs	12/9/2004	SL / N/A	7.0000	589.19	100.0000		0.00	589.19	0.00	589.19
573	Desk/File Cabinet	11/6/2006	SL / N/A	7.0000	1,520.00	100.0000		0.00	1,520.00	0.00	1,520.00
574	Desk	5/1/2006	SL / N/A	7.0000	400.00	100.0000		0.00	400.00	0.00	400.00
575	File Cabinet	5/1/2006	SL / N/A	7.0000	345.68	100.0000		0.00	345.68	0.00	345.68
576	File Cabinet	5/8/2006	SL / N/A	7.0000	218.09	100.0000		0.00	218.09	0.00	218.09
577	Vertical File Cabinet	8/7/2006	SL / N/A	7.0000	249.49	100.0000		0.00	249.49	0.00	249.49
706	Office Furnishings	5/29/2008	SL / N/A	7.0000	14,904.00	100.0000		0.00	14,904.00	0.00	14,904.00
Subtotal: 1521E					109,621.34		0.00	0.00	109,621.34	0.00	109,621.34
Less dispositions and exchanges:					0.00		0.00	0.00	0.00	0.00	0.00
Net for: 1521E					109,621.34		0.00	0.00	109,621.34	0.00	109,621.34
1521O											
507	Chairs	11/21/2005	SL / N/A	7.0000	1,222.13	100.0000		0.00	1,222.13	0.00	1,222.13
508	Haskin Electric	11/1/2005	SL / N/A	5.0000	1,000.00	100.0000		0.00	1,000.00	0.00	1,000.00
578	Office Furniture	2/6/2006	SL / N/A	7.0000	399.58	100.0000		0.00	399.58	0.00	399.58
579	Table/Chairs/Bookcase	2/6/2006	SL / N/A	7.0000	1,071.00	100.0000		0.00	1,071.00	0.00	1,071.00
580	Student Store Furniture	3/21/2006	SL / N/A	7.0000	1,027.40	100.0000		0.00	1,027.40	0.00	1,027.40
581	File Cabinet	7/31/2006	SL / N/A	7.0000	216.99	100.0000		0.00	216.99	0.00	216.99
582	Sysco Equipment	12/13/2006	SL / N/A	7.0000	916.69	100.0000		0.00	916.69	0.00	916.69

System No.	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
15210											
643	Sysco Foods - Kit for sl	1/12/2007	SL / N/A	5.0000	278.22	100.0000	0.00	0.00	278.22	0.00	278.22
644	Office Depot - Printer	5/18/2007	SL / N/A	5.0000	595.97	100.0000	0.00	0.00	595.97	0.00	595.97
645	5 drawer file cabinet F	6/4/2007	SL / N/A	5.0000	200.00	100.0000	0.00	0.00	200.00	0.00	200.00
796	Solid Door	2/18/2009	SL / N/A	7.0000	2,745.00	100.0000	0.00	0.00	2,745.00	0.00	2,745.00
927	Everest Reach in Refrig	4/23/2013	SL / N/A	7.0000	2,921.13	100.0000	0.00	0.00	2,782.00	139.13	2,921.13
928	2 Door Pizza Prep Tabl	5/16/2013	SL / N/A	7.0000	2,914.68	100.0000	0.00	0.00	2,775.87	138.81	2,914.68
939	All Office Furniture - 12	1/3/2014	M / HY	7.0000	8,083.00	100.0000	0.00	0.00	7,541.96	360.69	7,902.65
1074	Stainless Steel Work Tr	1/3/2019	SL / N/A	7.0000	757.93	100.0000	0.00	0.00	108.28	108.28	216.56
Subtotal: 15210					24,349.72				22,881.09	746.91	23,628.00
Less dispositions and exchanges:					0.00				0.00	0.00	0.00
Net for: 15210					24,349.72				22,881.09	746.91	23,628.00
1550B											
952	CDI - Rack Mount Serv	9/23/2015	SL / N/A	5.0000	4,755.55	100.0000	0.00	0.00	4,042.22	713.33	4,755.55
Subtotal: 1550B					4,755.55				4,042.22	713.33	4,755.55
Less dispositions and exchanges:					0.00				0.00	0.00	0.00
Net for: 1550B					4,755.55				4,042.22	713.33	4,755.55
1550C											
748	Dell PowerEdge Server	7/18/2008	SL / N/A	5.0000	9,914.80	100.0000	0.00	0.00	9,914.80	0.00	9,914.80
749	Dell Power Vault LTO-4	8/31/2008	SL / N/A	5.0000	3,696.55	100.0000	0.00	0.00	3,696.55	0.00	3,696.55
805	HP Procure Switch	12/17/2009	SL / N/A	5.0000	5,125.00	100.0000	0.00	0.00	5,125.00	0.00	5,125.00
813	Video Conferencing Sy	8/1/2009	SL / N/A	5.0000	10,169.00	100.0000	0.00	0.00	10,169.00	0.00	10,169.00
814	55" TV	8/6/2009	SL / N/A	5.0000	1,978.00	100.0000	0.00	0.00	1,978.00	0.00	1,978.00
815	Hypercom Visa Machii	10/28/2009	SL / N/A	5.0000	1,000.00	100.0000	0.00	0.00	1,000.00	0.00	1,000.00
945	Laptop	7/17/2015	SL / N/A	5.0000	999.00	100.0000	0.00	0.00	882.45	116.55	999.00
960	Best Buy - Equipment	5/18/2016	SL / N/A	5.0000	1,105.98	100.0000	0.00	0.00	792.63	221.20	1,013.83
1057	Dell - Inspiron 15 5000	3/7/2017	SL / N/A	3.0000	875.00	100.0000	0.00	0.00	826.40	48.60	875.00
1058	Costco - Laptop	8/3/2017	SL / N/A	3.0000	715.00	100.0000	0.00	0.00	575.96	139.04	715.00
Subtotal: 1550C					35,578.33		0.00	0.00	34,960.79	525.39	35,486.18
Less dispositions and exchanges:					0.00				0.00	0.00	0.00
Net for: 1550C					35,578.33				34,960.79	525.39	35,486.18
1550E											
303	mailbox	4/30/2003	SL / N/A	5.0000	629.00	100.0000	0.00	0.00	629.00	0.00	629.00
518	HP Lazer Printer	1/12/2005	SL / N/A	5.0000	455.00	100.0000	0.00	0.00	455.00	0.00	455.00
521	HP Lazer Printers	1/12/2005	SL / N/A	5.0000	918.00	100.0000	0.00	0.00	918.00	0.00	918.00
523	4 drawer laeral cabinet,	9/1/2005	M / HY	7.0000	732.00	100.0000	0.00	0.00	732.00	0.00	732.00
525	4210 Rack system	10/4/2005	SL / N/A	5.0000	1,708.54	100.0000	0.00	0.00	1,708.54	0.00	1,708.54
603	Dell - Color Scanner	11/7/2006	SL / N/A	5.0000	521.36	100.0000	0.00	0.00	521.36	0.00	521.36
670	Dell color scanner	1/7/2007	SL / N/A	5.0000	554.36	100.0000	0.00	0.00	554.36	0.00	554.36
671	TechDepot printer and	10/1/2007	SL / N/A	5.0000	1,231.09	100.0000	0.00	0.00	1,231.09	0.00	1,231.09
672	Toshiba dvd/vcr combc	10/16/2007	SL / N/A	5.0000	199.99	100.0000	0.00	0.00	199.99	0.00	199.99
673	TechDepot HP laserjet	11/14/2007	SL / N/A	5.0000	1,313.59	100.0000	0.00	0.00	1,313.59	0.00	1,313.59

System No.	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
1550E											
674	Tech Depot Kingston N	12/20/2007	SL / N/A	5.0000	12.75	100.0000	0.00	0.00	12.75	0.00	12.75
675	Tech Depot - HP laser j	12/21/2007	SL / N/A	5.0000	1,218.46	100.0000	0.00	0.00	1,218.46	0.00	1,218.46
718	Stack 48Pt PEO RJ45,	5/1/2008	SL / N/A	5.0000	9,388.00	100.0000	0.00	0.00	9,388.00	0.00	9,388.00
719	Support Network Band	5/1/2008	SL / N/A	5.0000	4,611.75	100.0000	0.00	0.00	4,611.75	0.00	4,611.75
720	Office Furniture - Chair	5/14/2008	SL / N/A	7.0000	3,170.00	100.0000	0.00	0.00	3,170.00	0.00	3,170.00
721	Dell Poweredge Server	7/18/2008	SL / N/A	5.0000	9,914.80	100.0000	0.00	0.00	9,914.80	0.00	9,914.80
722	Dell Power Vault LTO-4	8/31/2008	SL / N/A	5.0000	3,696.55	100.0000	0.00	0.00	3,696.55	0.00	3,696.55
723	Dell OptiPlex 755 (desk	10/8/2008	SL / N/A	5.0000	1,489.70	100.0000	0.00	0.00	1,489.70	0.00	1,489.70
816	Video Conferencing Sy	8/1/2009	SL / N/A	5.0000	10,169.00	100.0000	0.00	0.00	10,169.00	0.00	10,169.00
817	55" TV	8/6/2009	SL / N/A	5.0000	1,978.00	100.0000	0.00	0.00	1,978.00	0.00	1,978.00
818	Hypercom Visa Machii	10/28/2009	SL / N/A	5.0000	1,000.00	100.0000	0.00	0.00	1,000.00	0.00	1,000.00
845	HP Procurve Switch	1/14/2010	SL / N/A	5.0000	2,895.00	100.0000	0.00	0.00	2,895.00	0.00	2,895.00
846	Dell OptiPlex	8/1/2010	SL / N/A	5.0000	1,595.68	100.0000	0.00	0.00	1,595.68	0.00	1,595.68
852	computers	12/31/2010	M / HY	5.0000	0.00	100.0000	0.00	0.00	0.00	0.00	0.00
905	Server	1/14/2013	SL / N/A	5.0000	1,894.00	100.0000	0.00	0.00	1,894.00	0.00	1,894.00
Subtotal: 1550E					61,296.62	0.00	0.00	0.00	61,296.62	0.00	61,296.62
Less dispositions and exchanges:											
Net for: 1550E					0.00	0.00	0.00	0.00	0.00	0.00	0.00
15500					61,296.62	0.00	0.00	0.00	61,296.62	0.00	61,296.62
527	3 two dr file, 3 worktab	12/12/2005	SL / N/A	7.0000	2,292.96	100.0000	0.00	0.00	2,292.96	0.00	2,292.96
605	Intel Server Package	3/20/2006	SL / N/A	5.0000	3,150.00	100.0000	0.00	0.00	3,150.00	0.00	3,150.00
606	Office Furniture	9/27/2006	SL / N/A	7.0000	365.00	100.0000	0.00	0.00	365.00	0.00	365.00
607	Dell Color Scanner	11/7/2006	SL / N/A	5.0000	521.31	100.0000	0.00	0.00	521.31	0.00	521.31
608	Labor, Data	11/28/2006	SL / N/A	5.0000	755.00	100.0000	0.00	0.00	755.00	0.00	755.00
609	ID Card System	12/31/2006	SL / N/A	7.0000	1,555.00	100.0000	0.00	0.00	1,555.00	0.00	1,555.00
676	Pavelcomm 2-line displ	4/17/2007	SL / N/A	5.0000	752.46	100.0000	0.00	0.00	752.46	0.00	752.46
806	HP Procurve Switch	12/22/2009	SL / N/A	5.0000	3,050.00	100.0000	0.00	0.00	3,050.00	0.00	3,050.00
848	Digital Camera	8/6/2010	SL / N/A	7.0000	1,298.94	100.0000	0.00	0.00	1,298.94	0.00	1,298.94
866	Hobart slicing machine	4/13/2011	SL / N/A	5.0000	1,200.00	100.0000	0.00	0.00	1,200.00	0.00	1,200.00
867	2 3 seater- with center	7/20/2011	SL / N/A	7.0000	1,927.64	100.0000	0.00	0.00	1,927.64	0.00	1,927.64
868	Receptions work area	7/20/2011	SL / N/A	7.0000	7,932.02	100.0000	0.00	0.00	7,932.02	0.00	7,932.02
869	partition materials	1/21/2011	SL / N/A	7.0000	1,873.00	100.0000	0.00	0.00	1,873.00	0.00	1,873.00
872	Com iPad APL 64GM3	4/11/2011	SL / N/A	3.0000	529.00	100.0000	0.00	0.00	529.00	0.00	529.00
873	magicard camera	6/20/2011	SL / N/A	5.0000	2,899.35	100.0000	0.00	0.00	2,899.35	0.00	2,899.35
874	iPad 2 Wi-Fi	10/26/2011	SL / N/A	3.0000	1,006.00	100.0000	0.00	0.00	1,006.00	0.00	1,006.00
875	new water heater	3/11/2011	SL / N/A	2.0000	10,610.00	100.0000	0.00	0.00	10,610.00	0.00	10,610.00
906	iPad 2 Wi-Fi	6/24/2013	SL / N/A	5.0000	1,834.85	100.0000	0.00	0.00	1,834.85	0.00	1,834.85
933	Pacific Office - Digital C	1/28/2014	SL / N/A	3.0000	11,250.00	100.0000	0.00	0.00	11,250.00	0.00	11,250.00
Subtotal: 15500					54,122.53	0.00	0.00	0.00	54,122.53	0.00	54,122.53
Less dispositions and exchanges:											
Net for: 15500					0.00	0.00	0.00	0.00	0.00	0.00	0.00
1550Z					54,122.53	0.00	0.00	0.00	54,122.53	0.00	54,122.53
823	Dell PowerEdge Server	3/24/2010	SL / N/A	5.0000	3,906.70	100.0000	0.00	0.00	3,906.70	0.00	3,906.70

System No.	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
1550Z											
832	Dell PowerEdge Server	3/24/2010	SL / N/A	5.0000	3,906.70	100.0000	0.00	0.00	3,906.70	0.00	3,906.70
Subtotal: 1550Z					7,813.40	0.00	0.00	0.00	7,813.40	0.00	7,813.40
Less dispositions and exchanges:											
Net for: 1550Z					7,813.40	0.00	0.00	0.00	7,813.40	0.00	7,813.40
1580B											
953	Ind. Comm. - Data Cab	8/20/2015	SL / N/A	10.0000	3,245.95	100.0000	0.00	0.00	1,406.60	324.60	1,731.20
954	Ind. Comm. - Reomnal	8/20/2015	SL / N/A	10.0000	3,245.95	100.0000	0.00	0.00	1,406.60	324.60	1,731.20
955	ScanlanKemperBard C	9/3/2015	SL / N/A	10.0000	6,842.50	100.0000	0.00	0.00	2,965.08	684.25	3,649.33
956	Ind. Comm. - Addition	10/7/2015	SL / N/A	10.0000	1,964.12	100.0000	0.00	0.00	834.74	196.41	1,031.15
957	Oregon Contract Floori	5/18/2016	SL / N/A	10.0000	3,985.00	100.0000	0.00	0.00	1,427.96	398.50	1,826.46
958	Willamette Electric	5/13/2016	SL / N/A	10.0000	1,275.00	100.0000	0.00	0.00	467.50	127.50	595.00
1070	Circuitry and Connecti	5/21/2018	SL / N/A	15.0000	1,845.00	100.0000	0.00	0.00	194.75	123.00	317.75
1071	Set of Illum. Letter and	5/25/2018	SL / N/A	15.0000	10,762.00	100.0000	0.00	0.00	1,135.99	717.47	1,853.46
1072	Outlet added and Floor	11/26/2018	SL / N/A	15.0000	1,093.00	100.0000	0.00	0.00	78.94	72.87	151.81
Subtotal: 1580B					34,258.52	0.00	0.00	0.00	9,918.16	2,969.20	12,887.36
Less dispositions and exchanges:											
Net for: 1580B					34,258.52	0.00	0.00	0.00	9,918.16	2,969.20	12,887.36
1580E											
158	ARCHITECT FEES	5/31/2002	SL / N/A	10.0000	2,524.39	100.0000	0.00	0.00	2,524.39	0.00	2,524.39
201	ARCHITECT FEES	7/30/2002	SL / N/A	10.0000	1,803.89	100.0000	0.00	0.00	1,803.89	0.00	1,803.89
298	DATA CABLING	3/1/2003	SL / N/A	9.0000	29,529.54	100.0000	0.00	0.00	29,529.54	0.00	29,529.54
457	Labor and materials to	12/9/2004	SL / N/A	8.0000	3,680.00	100.0000	0.00	0.00	3,680.00	0.00	3,680.00
458	Telephone upgrade	12/14/2004	SL / N/A	8.0000	817.00	100.0000	0.00	0.00	817.00	0.00	817.00
532	Install Power & Data Cl	10/17/2005	SL / N/A	7.5000	7,115.00	100.0000	0.00	0.00	7,115.00	0.00	7,115.00
614	Cabinets	5/31/2006	SL / N/A	7.0000	9,382.00	100.0000	0.00	0.00	9,382.00	0.00	9,382.00
615	Alarm Monitoring	10/3/2006	SL / N/A	7.0000	90.00	100.0000	0.00	0.00	90.00	0.00	90.00
681	Chambers Developer	1/29/2007	SL / N/A	6.0000	3,085.50	100.0000	0.00	0.00	3,085.50	0.00	3,085.50
691	Integrated X-Ray (Archi	2/1/2008	SL / N/A	10.0000	820.00	100.0000	0.00	0.00	820.00	0.00	820.00
693	Electrical wiring for net	3/31/2008	SL / N/A	6.0000	20,410.00	100.0000	0.00	0.00	20,410.00	0.00	20,410.00
726	Windows for X-ray area	4/6/2008	SL / N/A	10.0000	3,607.34	100.0000	0.00	0.00	3,607.34	0.00	3,607.34
747	Door signs for Springfi	5/12/2008	SL / N/A	7.0000	548.05	100.0000	0.00	0.00	548.05	0.00	548.05
751	Phone system (Springfi	5/20/2008	SL / N/A	5.0000	1,305.25	100.0000	0.00	0.00	1,305.25	0.00	1,305.25
850	New Wall Construction	6/28/2010	SL / N/A	15.0000	5,997.00	100.0000	0.00	0.00	3,798.10	399.80	4,197.90
Subtotal: 1580E					90,714.96	0.00	0.00	0.00	88,516.06	399.80	88,915.86
Less dispositions and exchanges:											
Net for: 1580E					90,714.96	0.00	0.00	0.00	88,516.06	399.80	88,915.86
1580O											
533	SRM Architecture and	10/31/2005	SL / N/A	2.0000	2,046.00	100.0000	0.00	0.00	2,046.00	0.00	2,046.00
534	Pavelcomm, Inc.	11/2/2005	SL / N/A	2.0000	20,503.93	100.0000	0.00	0.00	20,503.93	0.00	20,503.93
535	architectural and consl	11/22/2005	SL / N/A	2.0000	917.80	100.0000	0.00	0.00	917.80	0.00	917.80
536	Sign-fixtures	12/28/2005	SL / N/A	2.0000	575.00	100.0000	0.00	0.00	575.00	0.00	575.00



System No.	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
15800											
616	SRM Architecture Serv	2/23/2006	SL / N/A	5.0000	39,933.97	100.0000	0.00	0.00	39,933.97	0.00	39,933.97
617	Fire Equipment	4/3/2006	SL / N/A	4.8300	6,411.05	100.0000	0.00	0.00	6,411.05	0.00	6,411.05
618	Ariott - Construction	4/10/2006	SL / N/A	4.8300	4,950.00	100.0000	0.00	0.00	4,950.00	0.00	4,950.00
619	Pavelcomm	4/19/2006	SL / N/A	4.8300	5,616.15	100.0000	0.00	0.00	5,616.15	0.00	5,616.15
620	Universal Fire Equipme	4/28/2006	SL / N/A	4.8300	187.50	100.0000	0.00	0.00	187.50	0.00	187.50
621	Carbocharger	5/3/2006	SL / N/A	4.7500	384.39	100.0000	0.00	0.00	384.39	0.00	384.39
622	Atlas - Circuitry	7/31/2006	SL / N/A	4.5800	497.00	100.0000	0.00	0.00	497.00	0.00	497.00
626	Sage Contractors	4/12/2006	SL / N/A	4.8300	193,862.00	100.0000	0.00	0.00	193,862.00	0.00	193,862.00
682	SRM Architecture dinir	1/1/2007	SL / N/A	4.0000	3,591.95	100.0000	0.00	0.00	3,591.95	0.00	3,591.95
683	Pacific Window Tinting	1/2/2007	SL / N/A	4.0000	1,250.00	100.0000	0.00	0.00	1,250.00	0.00	1,250.00
684	Pavelcomm - faceplate,	3/6/2007	SL / N/A	4.0000	318.61	100.0000	0.00	0.00	318.61	0.00	318.61
685	Pavelcomm - installatio	4/18/2007	SL / N/A	4.0000	1,410.85	100.0000	0.00	0.00	1,410.85	0.00	1,410.85
687	Pavelcomm - T-1 install	8/12/2008	SL / N/A	6.0000	4,531.60	100.0000	0.00	0.00	4,531.60	0.00	4,531.60
688	Bathroom flooring, car	8/12/2008	SL / N/A	4.7500	12,967.00	100.0000	0.00	0.00	12,967.00	0.00	12,967.00
689	2 Gas Furnaces	11/1/2008	SL / N/A	10.0000	6,250.00	100.0000	0.00	0.00	6,250.00	0.00	6,250.00
690	Storefront window	12/31/2008	SL / N/A	7.0000	1,564.00	100.0000	0.00	0.00	1,564.00	0.00	1,564.00
7851	Various Building Impro	6/23/2010	SL / N/A	15.0000	7,266.00	100.0000	0.00	0.00	4,601.80	484.40	5,086.20
908	PO10321 New Space c	11/19/2013	SL / N/A	15.0000	4,878.59	100.0000	0.00	0.00	1,978.54	325.24	2,303.78
931	Wifi Antenna	12/26/2013	SL / N/A	3.0000	1,895.00	100.0000	0.00	0.00	1,895.00	0.00	1,895.00
932	Phillips Electronics	1/1/2014	SL / N/A	6.0000	8,654.00	100.0000	0.00	0.00	8,654.00	0.00	8,654.00
1066	Security System hardw	8/23/2018	SL / N/A	15.0000	2,906.00	100.0000	0.00	0.00	258.31	193.73	452.04
1067	Whitlock System hardw	12/31/2018	SL / N/A	15.0000	1,464.80	100.0000	0.00	0.00	97.65	97.65	195.30
1068	Whitlock DTD Reclas	12/31/2018	SL / N/A	15.0000	1,776.00	100.0000	0.00	0.00	118.40	118.40	236.80
1076	Remove old and install	1/10/2018	SL / N/A	15.0000	8,260.00	100.0000	0.00	0.00	1,101.34	550.67	1,652.01
1077	Fix water damage on rc	2/5/2018	SL / N/A	15.0000	548.00	100.0000	0.00	0.00	70.02	36.53	106.55
1078	complete tankless wat	3/27/2018	SL / N/A	15.0000	361.00	100.0000	0.00	0.00	42.12	24.07	66.19
1079	data cable and surveil	9/17/2018	SL / N/A	15.0000	2,566.08	100.0000	0.00	0.00	213.84	171.07	384.91
Subtotal: 15800					348,344.27		0.00	0.00	326,799.82	2,001.76	328,801.58
Less dispositions and exchanges:					0.00		0.00	0.00	0.00	0.00	0.00
Net for: 15800					348,344.27		0.00	0.00	326,799.82	2,001.76	328,801.58
1581E											
540	Permit for parking char	10/27/2005	SL / N/A	4.2500	3,790.75	100.0000	0.00	0.00	3,790.75	0.00	3,790.75
623	Engineering Services	1/31/2006	SL / N/A	4.0000	243.75	100.0000	0.00	0.00	243.75	0.00	243.75
624	H2O Contractors - L/H	2/20/2006	SL / N/A	4.0000	6,959.80	100.0000	0.00	0.00	6,959.80	0.00	6,959.80
625	Engineering Services	1/31/2006	SL / N/A	4.0000	202.00	100.0000	0.00	0.00	202.00	0.00	202.00
Subtotal: 1581E					11,196.30		0.00	0.00	11,196.30	0.00	11,196.30
Less dispositions and exchanges:					0.00		0.00	0.00	0.00	0.00	0.00
Net for: 1581E					11,196.30		0.00	0.00	11,196.30	0.00	11,196.30
Subtotal:					2,350,139.63		0.00	0.00	2,278,244.34	21,454.84	2,299,699.18
Less dispositions and exchanges:					0.00		0.00	0.00	0.00	0.00	0.00
Grand Totals:					2,350,139.63		0.00	0.00	2,278,244.34	21,454.84	2,299,699.18

Domain Name	Status	Expiration Date	Auto-renew	Lock
OREGONCHEFS.COM	Active	3/4/2021	Off	Locked
OREGONCOLLEGE.ORG	Active	3/4/2021	Off	Locked
OREGONCOLLEGESEARCH.COM	Active	3/4/2021	Off	Locked
oregonculinary.education	Active	5/18/2022	Off	Locked
oregonculinary.institute	Active	5/18/2021	Off	Locked
oregonculinary.school	Active	5/18/2021	Off	Locked
oregonculinary.training	Active	5/18/2021	Off	Locked
OREGONCULINARYARTS.COM	Active	3/4/2021	Off	Locked
oregonculinaryinstitute.com	Active	11/8/2020	Off	Locked
oregonculinaryinstitute.net	Active	5/18/2021	Off	Locked
oregonhci.com	Active	12/5/2020	Off	Locked
oregonhci.net	Active	12/5/2020	Off	Locked
oregonhci.org	Active	12/5/2020	Off	Locked
oregonhealthcareer.com	Active	5/18/2021	Off	Locked
oregonhealthcareer.institute	Active	5/18/2021	Off	Locked
oregonhealthcareerinstitute.com	Active	12/5/2020	Off	Locked
OREGONKITCHENNINJA.COM	Active	3/4/2021	Off	Locked
OREGONKITCHENNINJA.INFO	Active	3/4/2021	Off	Locked
OREGONKITCHENNINJA.NET	Active	3/4/2021	Off	Locked
OREGONKITCHENNINJA.ORG	Active	3/4/2021	Off	Locked
PIONEERPACIFIC.CO	Active	6/1/2021	Off	Locked
PIONEERPACIFIC.INFO	Active	3/1/2022	Off	Locked
PIONEERPACIFIC.NET	Active	6/2/2022	Off	Locked
PIONEERPACIFIC.ORG	Active	6/2/2022	Off	Locked
PIONEERPACIFIC.US	Active	6/1/2022	Off	Locked
PIONEERPACIFICCOLLEGE.BIZ	Active	6/1/2022	Off	Locked
PIONEERPACIFICCOLLEGE.CO	Active	6/1/2021	Off	Locked
pioneerpacifcollege.com	DNSInfo - Active	0001-01-01	Off	Unlocked
PIONEERPACIFICCOLLEGE.INFO	Active	6/2/2022	Off	Locked
PIONEERPACIFICCOLLEGE.NET	Active	4/5/2021	Off	Locked
PIONEERPACIFICCOLLEGE.US	Active	6/1/2022	Off	Locked
pioneerptest.com	Active	5/22/2021	Off	Locked
PORTLANDCHEFS.ORG	Active	3/4/2021	Off	Locked
PORTLANDCHEFS.US	Active	3/3/2021	Off	Locked



Pioneer Pacific College  
1099 Detail  
May 31 through August 31, 2020

PAYMENTS MADE OVER \$6,425 PAST 90 DAYS					
Type	Date	Num	Memo	Account	
Bill	07/24/2020	10332200-Final Bill	2nd Quarter 2020	6038-90 · Accounting/Professional Fees	1,582.77
Bill	07/24/2020	10332200-Final Bill	Pro-rated 3rd Quarter 2020	6038-90 · Accounting/Professional Fees	539.19
Bill	07/24/2020	10332200	Progress billing	6038-90 · Accounting/Professional Fees	4,408.00
Total Aldrich Retirement Solutions, LP					6,529.96
Bitar Bros., a Limited Partnership					
93-0939031					
Bill	06/17/2020	04012020	Est CAM	6098-70 · Utilities	436.00
Bill	06/17/2020	04012020	Est Prop	6563-70 · Taxes/Licenses	296.31
Bill	06/17/2020	04012020	Insurance	6028-90 · General Insurance	329.00
Bill	06/17/2020	04012020	Base Rent	6063-70 · Rent	35.21
Bill	06/17/2020	05012020	Est CAM	6098-70 · Utilities	4,097.38
Bill	06/17/2020	05012020	Est Prop	6563-70 · Taxes/Licenses	480.00
Bill	06/17/2020	05012020	Insurance	6028-90 · General Insurance	342.00
Bill	06/17/2020	05012020	Base Rent	6063-70 · Rent	36.17
Bill	06/17/2020	06012020	Est CAM	6098-70 · Utilities	480.00
Bill	06/17/2020	06012020	Est Prop	6563-70 · Taxes/Licenses	342.00
Bill	06/17/2020	06012020	Insurance	6028-90 · General Insurance	36.17
Bill	06/17/2020	06012020	Base Rent	6063-70 · Rent	4,097.38
Bill	06/17/2020	05/01/2020	Est CAM	6098-70 · Utilities	684.85
Bill	06/17/2020	05/01/2020	Est Prop	6563-70 · Taxes/Licenses	83.12
Bill	06/17/2020	05/01/2020	Insurance	6028-90 · General Insurance	0.96
Total Bitar Bros., a Limited Partnership					14,008.48
Campus Management Corporation					
65-0518155					
Bill	06/23/2020	SAS16250		6013-10 · Software Licenses	8,244.41
Bill	07/29/2020	SAS16475		6013-10 · Software Licenses	8,244.41
Total Campus Management Corporation					16,488.82
Chambers Development Corporation					
93-0923946					
Bill	06/15/2020	04/01/2020	3800 Sports Way	6093-70 · Repairs & Maint.	944.87
Bill	06/15/2020	04/01/2020	International Court	6093-70 · Repairs & Maint.	205.12
Bill	06/15/2020	05/01/2020	3800 Sports Way	6093-70 · Repairs & Maint.	139.02
Bill	06/15/2020	05/01/2020	International Court	6093-70 · Repairs & Maint.	329.61
Bill	06/15/2020	06/01/2020	3800 Sports Way	6093-70 · Rent	39,606.93
Bill	06/15/2020	06/01/2020	International Court	6093-70 · Rent	11,343.42
Bill	06/15/2020	06/01/2020	3800 Sports Way	6093-70 · Repairs & Maint.	944.87
Bill	06/15/2020	06/01/2020	International Court	6093-70 · Repairs & Maint.	205.12
Bill	07/01/2020	07/01/2020	3800 Sports Way	6063-70 · Rent	610.59
Bill	07/01/2020	07/01/2020	3800 Sports Way	6063-70 · Rent	58.26
Bill	07/01/2020	07/01/2020	3800 Sports Way	6063-70 · Rent	778.76
Bill	07/01/2020	07/01/2020	International Court	6063-70 · Rent	11,343.42
Bill	07/01/2020	07/01/2020	International Court	6063-70 · Rent	174.87
Bill	07/01/2020	07/01/2020	International Court	6063-70 · Rent	223.04
Bill	07/01/2020	07/01/2020	International Court	6063-70 · Rent	16.68
Bill	07/01/2020	07/01/2020	3800 Sports Way	6093-70 · Repairs & Maint.	18.58
Bill	07/01/2020	07/01/2020	3800 Sports Way	6093-70 · Repairs & Maint.	944.87
Bill	07/01/2020	07/01/2020	3800 Sports Way	6093-70 · Repairs & Maint.	14.57
Bill	07/01/2020	07/01/2020	International Court	6093-70 · Repairs & Maint.	1.39
Bill	07/01/2020	07/01/2020	International Court	6093-70 · Repairs & Maint.	205.12
Bill	07/01/2020	07/01/2020	International Court	6093-70 · Repairs & Maint.	4.03
Bill	07/01/2020	07/01/2020	International Court	6093-70 · Repairs & Maint.	205.12
Bill	07/01/2020	07/01/2020	International Court	6093-70 · Repairs & Maint.	0.30
Bill	07/01/2020	07/01/2020	International Court	6093-70 · Repairs & Maint.	3.16

**Pioneer Pacific College**  
**1099 Detail**  
May 31 through August 31, 2020

PAYMENTS MADE OVER \$6,425 PAST 90 DAYS

Type	Date	Num	Memo	Account	Original Amount	Paid Amount
Bill	07/01/2020	07/01/2020	3800 Sports Way	6063-70 · Rent	-944.87	-130.91
Bill	07/01/2020	07/01/2020	3800 Sports Way	6063-70 · Rent	-944.87	-10.77
Bill	07/01/2020	07/01/2020	3800 Sports Way	6063-70 · Rent	-944.87	-14.57
Bill	07/01/2020	07/01/2020	3800 Sports Way	6063-70 · Rent	-944.87	-174.87
Bill	07/01/2020	07/01/2020	3800 Sports Way	6063-70 · Rent	-944.87	-3.16
Bill	07/01/2020	07/01/2020	3800 Sports Way	6063-70 · Rent	-944.87	-610.59
Bill	07/01/2020	07/01/2020	International Court	6063-70 · Rent	-1,205.12	-778.76
Bill	07/01/2020	07/01/2020	International Court	6063-70 · Rent	-1,205.12	-166.97
Bill	07/01/2020	07/01/2020	International Court	6063-70 · Rent	-1,205.12	-13.74
Bill	07/01/2020	07/01/2020	International Court	6063-70 · Rent	-1,205.12	-4.03
Bill	07/01/2020	07/01/2020	International Court	6063-70 · Rent	-1,205.12	-18.58
Bill	07/01/2020	07/01/2020	International Court	6063-70 · Rent	-1,205.12	-223.04
Bill	07/01/2020	07/01/2020	3800 Sports Way	6093-70 · Repairs & Maint.	698.70	13.74
Bill	07/01/2020	07/01/2020	3800 Sports Way	6093-70 · Repairs & Maint.	698.70	10.77
Bill	07/01/2020	07/01/2020	3800 Sports Way	6093-70 · Repairs & Maint.	698.70	1.03
Bill	07/01/2020	07/01/2020	International Court	6093-70 · Repairs & Maint.	-90.15	-0.30
Bill	07/01/2020	07/01/2020	International Court	6093-70 · Repairs & Maint.	-90.15	-1.39
Bill	07/01/2020	07/01/2020	International Court	6093-70 · Repairs & Maint.	-90.15	-16.68
Bill	07/01/2020	07/01/2020	International Court	6093-70 · Repairs & Maint.	-90.15	-1.03
Bill	07/01/2020	07/01/2020	International Court	6093-70 · Repairs & Maint.	-90.15	-12.49
Bill	07/01/2020	07/01/2020	International Court	6093-70 · Repairs & Maint.	-90.15	-58.26
Bill	07/01/2020	07/01/2020	International Court	6093-70 · Repairs & Maint.	8,491.73	130.91
Bill	07/01/2020	07/01/2020	Rent Defement	6063-70 · Rent	8,491.73	166.97
Bill	07/01/2020	07/01/2020	Rent Defement	6063-70 · Rent	8,491.73	12.49
Bill	07/01/2020	07/01/2020	3800 Sports Way	6063-70 · Rent	39,606.93	38,159.32
Bill	07/29/2020	07/01/2020	International Court	6063-70 · Rent	11,343.42	10,928.83
Bill	07/29/2020	07/01/2020	3800 Sports Way	6093-70 · Repairs & Maint.	944.87	910.33
Bill	07/29/2020	07/01/2020	International Court	6093-70 · Repairs & Maint.	205.12	197.63
Bill	07/29/2020	07/01/2020	3800 Sports Way	6093-70 · Repairs & Maint.	698.70	673.16
Bill	07/29/2020	07/01/2020	Rent Defement	6063-70 · Rent	8,491.73	8,181.36
Total Chambers Development Corporation						112,769.59

Comcast Business

(no tax ID on file)

Bill	07/17/2020	101250240	6091-90 · Data Communications	1,426.99	1,426.99
Bill	07/17/2020	101250240	6091-90 · Data Communications	1,371.48	1,371.48
Bill	07/17/2020	101250240	6091-90 · Data Communications	4,808.11	4,808.11
Bill	07/17/2020	101250240	6091-90 · Data Communications	1,371.48	1,371.48
Bill	07/17/2020	101250240	6091-90 · Data Communications	1,727.09	1,727.09
Bill	07/17/2020	102950999	6091-90 · Data Communications	1,426.99	1,426.99
Bill	07/17/2020	102950999	6091-90 · Data Communications	1,371.48	1,371.48
Bill	07/17/2020	102950999	6091-90 · Data Communications	4,808.11	4,808.11
Bill	07/17/2020	102950999	6091-90 · Data Communications	1,371.48	1,371.48
Bill	07/17/2020	102950999	6091-90 · Data Communications	1,727.09	1,727.09
Bill	08/19/2020	104671289	6091-90 · Data Communications	2,996.77	2,996.77
Bill	08/19/2020	104671289	6091-90 · Data Communications	5,573.67	5,573.67
Bill	08/19/2020	104671289	6091-90 · Data Communications	1,504.52	1,504.52
Bill	08/19/2020	104671289	6091-90 · Data Communications	1,132.06	1,132.06
Bill	08/19/2020	106407688	6091-90 · Data Communications	2,996.77	2,996.77
Bill	08/19/2020	106407688	6091-90 · Data Communications	5,573.67	5,573.67
Bill	08/19/2020	106407688	6091-90 · Data Communications	1,504.52	1,504.52
Bill	08/19/2020	106407688	6091-90 · Data Communications	1,132.87	1,132.87
					43,825.15

Dell Financial Services

Pioneer Pacific College  
1099 Detail  
May 31 through August 31, 2020

PAYMENTS MADE OVER \$6,425 PAST 90 DAYS					
Type	Date	Num	Memo	Account	
Bill	06/08/2020	80361894	May 2020	6062-90 · Rent/Lease Equipment	Paid Amount
Bill	06/08/2020	80361894	May 2020	6062-90 · Rent/Lease Equipment	65.39
Bill	06/08/2020	80361894	May 2020	6062-90 · Rent/Lease Equipment	65.39
Bill	06/08/2020	80361894	May 2020	6062-90 · Rent/Lease Equipment	65.39
Bill	06/08/2020	80361890	May/ 2020	6062-90 · Rent/Lease Equipment	65.38
Bill	06/08/2020	80361893	May 2020	6062-90 · Rent/Lease Equipment	107.90
Bill	06/08/2020	80361892	May 2020	6062-90 · Rent/Lease Equipment	1,698.99
Bill	06/08/2020	80361891	May 2020	6062-90 · Rent/Lease Equipment	1,296.31
Bill	06/08/2020	80361891	May 2020	6062-90 · Rent/Lease Equipment	285.85
Bill	06/08/2020	80361891	May 2020	6062-90 · Rent/Lease Equipment	285.85
Bill	06/08/2020	80361891	May 2020	6062-90 · Rent/Lease Equipment	285.85
Bill	06/08/2020	80361891	May 2020	6062-90 · Rent/Lease Equipment	285.85
Bill	06/08/2020	80361891	May 2020 Property Tax	6563-70 · Taxes/Licenses	8.12
Bill	06/08/2020	80361891	May 2020 Property Tax	6563-70 · Taxes/Licenses	8.12
Bill	06/08/2020	80361891	May 2020 Property Tax	6563-70 · Taxes/Licenses	8.12
Bill	06/14/2020	80400183	June 2020	6062-90 · Rent/Lease Equipment	65.39
Bill	06/14/2020	80400183	June 2020	6062-90 · Rent/Lease Equipment	65.39
Bill	06/14/2020	80400183	June 2020	6062-90 · Rent/Lease Equipment	65.39
Bill	06/14/2020	80400182	June 2020	6062-90 · Rent/Lease Equipment	65.38
Bill	06/14/2020	80400181	June 2020	6062-90 · Rent/Lease Equipment	1,698.99
Bill	06/14/2020	80400180	June 2020	6062-90 · Rent/Lease Equipment	1,296.31
Bill	06/14/2020	80400180	June 2020	6062-90 · Rent/Lease Equipment	285.85
Bill	06/14/2020	80400180	June 2020	6062-90 · Rent/Lease Equipment	285.85
Bill	06/14/2020	80400180	June 2020	6062-90 · Rent/Lease Equipment	285.85
Bill	06/14/2020	80400180	June 2020 Property Tax	6563-70 · Taxes/Licenses	8.12
Bill	06/14/2020	80400180	June 2020 Property Tax	6563-70 · Taxes/Licenses	8.12
Bill	06/14/2020	80400180	June 2020 Property Tax	6563-70 · Taxes/Licenses	8.12
Bill	06/14/2020	80400180	June 2020 Property Tax	6563-70 · Taxes/Licenses	8.12
Bill	06/14/2020	80400180	Contract 001-6461372-005 / Invoice 80400180	6563-70 · Taxes/Licenses	11.43
Bill	07/14/2020	80437388	July 2020	6062-90 · Rent/Lease Equipment	65.39
Bill	07/14/2020	80437388	July 2020	6062-90 · Rent/Lease Equipment	65.39
Bill	07/14/2020	80437388	July 2020	6062-90 · Rent/Lease Equipment	65.39
Bill	07/14/2020	80437388	July 2020	6062-90 · Rent/Lease Equipment	65.38
Bill	07/14/2020	80437385	July 2020	6062-90 · Rent/Lease Equipment	285.85
Bill	07/14/2020	80437385	July 2020	6062-90 · Rent/Lease Equipment	285.85
Bill	07/14/2020	80437385	July 2020	6062-90 · Rent/Lease Equipment	285.85
Bill	07/14/2020	80437385	July 2020	6062-90 · Rent/Lease Equipment	285.85
Bill	07/14/2020	80437385	July 2020 Property Tax	6563-70 · Taxes/Licenses	8.12
Bill	07/14/2020	80437385	July 2020 Property Tax	6563-70 · Taxes/Licenses	8.12
Bill	07/14/2020	80437385	July 2020 Property Tax	6563-70 · Taxes/Licenses	8.12
Bill	07/14/2020	80437385	July 2020 Property Tax	6563-70 · Taxes/Licenses	8.12
Bill	07/14/2020	80437386	July 2020	6062-90 · Rent/Lease Equipment	1,296.31
Bill	07/14/2020	80437387	July 2020	6062-90 · Rent/Lease Equipment	1,698.99
Total Dell Financial Services					13,417.52
Flexential Colorado Corp					
(no tax ID on file)					
Bill	06/08/2020	INV431758		6062-90 · Rent/Lease Equipment	1,579.36
Bill	06/08/2020	INV434306		6062-90 · Rent/Lease Equipment	1,579.36
Bill	06/29/2020	INV440817		6062-90 · Rent/Lease Equipment	1,579.36
Bill	07/14/2020	INV441505		6062-90 · Rent/Lease Equipment	1,579.36
Check	08/04/2020	26184	Invoice INV443988	6062-90 · Rent/Lease Equipment	1,579.36
Check	08/19/2020	26195	For September 2020	6062-90 · Rent/Lease Equipment	1,579.36

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Type	Date	Num	Memo	Account	Original Amount	Paid Amount
Total Flexential Colorado Corp						
Foster Garvey						
(no tax ID on file)						
Total Foster Garvey						
Google						
(no tax ID on file)						
Total Google						
Great American Insurance						
(no tax ID on file)						
Total Great American Insurance						
Harper, Ty						
(no tax ID on file)						
Total Harper, Ty						
Hutchinson, Wendy						
(no tax ID on file)						
Total Hutchinson, Wendy						
Check	07/29/2020	WIRE	Bankruptcy Fees	6035-90 · Legal Fees & Settlement Fees	30,000.00	30,000.00
Bill	06/16/2020	3699951293		6097-60 · Internet Advertising	3,696.16	3,696.16
Bill	06/16/2020	3699951293		6097-60 · Internet Advertising	2,108.05	2,108.05
Bill	06/16/2020	3699951293		6097-60 · Internet Advertising	2,108.05	2,108.05
Bill	06/23/2020	3713249348		6097-60 · Internet Advertising	172.58	172.58
Bill	06/23/2020	3713249348		6097-60 · Internet Advertising	1,407.10	1,407.10
Bill	06/23/2020	3713249348		6097-60 · Internet Advertising	1,407.10	1,407.10
Bill	06/29/2020	3725103777		6097-60 · Internet Advertising	720.82	719.83
Bill	06/29/2020	3725103777		6097-60 · Internet Advertising	720.81	719.82
Bill	06/29/2020	3738833496		6097-60 · Internet Advertising	745.74	745.74
Bill	06/29/2020	3738833496		6097-60 · Internet Advertising	745.74	745.74
					13,830.17	13,830.17
Check	06/03/2020	ACH	3401721 and 3401722	6028-90 · General Insurance	3,014.42	3,014.42
Check	07/22/2020	ACH	3401721 and 3401722	6028-90 · General Insurance	21,146.91	21,146.91
					24,161.33	24,161.33
Check	07/13/2020	96215	1st Consulting Services for July	6039-90 · Other Outside Support	3,060.00	3,060.00
Check	07/29/2020	96241	2nd Consulting Services for July	6039-90 · Other Outside Support	3,060.00	3,060.00
Check	07/29/2020	96252	1st Consulting Services for August	6039-90 · Other Outside Support	3,060.00	3,060.00
Check	07/29/2020	96253	2nd Consulting Services for August	6039-90 · Other Outside Support	3,060.00	3,060.00
Check	08/12/2020	96270	Reimbursement for Dyn dns August	6091-90 · Data Communications	35.00	35.00
Check	08/19/2020	96280	Reimbursement for Dyn dns September	6091-90 · Data Communications	35.00	35.00
Check	08/19/2020	96281	One week September Consulting Services	6039-90 · Other Outside Support	1,530.00	1,530.00
					13,840.00	13,840.00
Check	06/29/2020	96194	June Cell Phone	6090-90 · Telephone	50.00	50.00
Check	06/29/2020	96194	Stamps Reimbursement	6047-90 · Postage & Freight (All)	37.40	37.40
Check	06/29/2020	96194	Used wrong card for purchase	4070 · Misc. Income	-69.79	-69.79
Check	07/13/2020	96212	Stamps Reimbursement	6047-90 · Postage & Freight (All)	219.00	219.00
Check	07/13/2020	96216	1st Consulting Services for July	6039-90 · Other Outside Support	5,005.00	5,005.00
Check	07/21/2020	96231	Stamps Reimbursement	6047-90 · Postage & Freight (All)	49.50	49.50
Check	07/29/2020	96240	2nd Consulting Services for July	6039-90 · Other Outside Support	5,005.00	5,005.00
Check	07/29/2020	96246	1st Consulting Services for August	6039-90 · Other Outside Support	5,005.00	5,005.00
Check	07/29/2020	96247	2nd Consulting Services for August	6039-90 · Other Outside Support	5,005.00	5,005.00
Check	08/19/2020	96282	One week September Consulting Services	6039-90 · Other Outside Support	2,500.00	2,500.00
Check	08/21/2020	96286	Stamps Reimbursement	6047-90 · Postage & Freight (All)	32.49	32.49
Check	08/29/2020	96291	123 miles @ .45 per mile	6096-90 · Travel and Lodging (All)	55.35	55.35
Check	08/29/2020	96291	Shredding reimbursement	6019-90 · Office Supplies (Employee)	174.02	174.02
					23,067.97	23,067.97

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Type	Date	Num	Memo	Account	Original Amount	Paid Amount
Check	07/13/2020	98221	1st Consulting Services for July	6039-90 · Other Outside Support	1,260.80	1,260.80
	07/29/2020	98257	Consulting Services for August	6039-90 · Other Outside Support	3,415.00	3,415.00
	07/29/2020	98258	2nd Consulting Services for July	6039-90 · Other Outside Support	3,152.00	3,152.00
						<hr/> 7,827.80
Check	06/01/2020	96121	Group: 20603-AA-10 - May	6003-10 · Insurance Benefits	597.79	597.79
	06/01/2020	96121	Group: 20603-AA-10 - May	6003-90 · Insurance Benefits	3,586.75	3,586.75
	06/01/2020	96121	Group: 20603-AA-10 - May	6003-90 · Insurance Benefits	637.88	637.88
	06/01/2020	96121	COBRA	6003-90 · Insurance Benefits	5,420.93	5,420.93
	06/01/2020	96122	Group: 20603-AA-10 - June	6003-90 · Insurance Benefits	3,586.75	3,586.75
	06/01/2020	96122	Group: 20603-AA-10 - June	6003-90 · Insurance Benefits	637.88	637.88
	06/01/2020	96122	COBRA	6003-90 · Insurance Benefits	5,420.93	5,420.93
	07/01/2020	96204	Group: 20603-AA-10	6003-90 · Insurance Benefits	4,734.94	4,734.94
	07/01/2020	96204	Ed Sup	6003-10 · Insurance Benefits	2,551.54	2,551.54
	07/01/2020	96204	Group: 20603-AA-10	6003-90 · Insurance Benefits	637.88	637.88
	07/01/2020	96204	COBRA	6003-90 · Insurance Benefits	6,616.51	6,616.51
	07/24/2020	96235	Group: 20603-AA-10	6003-90 · Insurance Benefits	3,539.35	3,539.35
						<hr/> 37,969.13
Check	07/13/2020	98218	1st Consulting Services for July	6039-90 · Other Outside Support	2,200.00	2,200.00
	07/29/2020	98244	2nd Consulting Services for July	6039-90 · Other Outside Support	2,200.00	2,200.00
	07/29/2020	98248	1st Consulting Services for August	6039-90 · Other Outside Support	2,200.00	2,200.00
	07/29/2020	98249	2nd Consulting Services for August	6039-90 · Other Outside Support	2,200.00	2,200.00
	07/30/2020	98261	Mileage - OCI and back Springfield	6096-90 · Travel and Lodging (All)	192.60	192.60
	08/10/2020	98267	Mileage - OCI and back Springfield	6096-90 · Travel and Lodging (All)	183.60	183.60
						<hr/> 9,176.20
Bill	06/29/2020	133139	Prep of Audited Financial Statements	6038-90 · Accounting/Professional Fees	7,000.00	7,000.00
	06/29/2020	133234	Completion of FA Audit	6038-90 · Accounting/Professional Fees	6,200.00	6,200.00
	06/29/2020	133170	Prep of Audited Financial Statements	6038-90 · Accounting/Professional Fees	12,000.00	12,000.00
	06/29/2020	133211	Prep of Tax Returns	6038-90 · Accounting/Professional Fees	2,500.00	2,500.00
	07/07/2020	133688	Preparation of 401k Audit	6038-90 · Accounting/Professional Fees	5,000.00	5,000.00
	07/14/2020	133870	Preparation of Audited FA Statements	6038-90 · Accounting/Professional Fees	6,000.00	6,000.00
	07/29/2020	2020 FA Audit	2020 FA Audit	6038-90 · Accounting/Professional Fees	16,000.00	16,000.00
	07/29/2020	2020 401k Audit	2020 401k Audit	6038-90 · Accounting/Professional Fees	7,000.00	7,000.00
	07/31/2020	133925	Completion of 2019 401k Audit	6038-90 · Accounting/Professional Fees	2,000.00	2,000.00
	07/31/2020	133925-2	Completion of 2019 401k Audit	6038-90 · Accounting/Professional Fees	300.00	300.00
	08/16/2020	98278	Completion of Taxes	6038-90 · Accounting/Professional Fees	900.00	900.00
						<hr/> 64,900.00
Check	07/13/2020	96214	1st Consulting Services for July	6039-90 · Other Outside Support	3,750.00	3,750.00
	07/29/2020	96242	2nd Consulting Services for July	6039-90 · Other Outside Support	3,750.00	3,750.00
	07/29/2020	96250	1st Consulting Services for August	6039-90 · Other Outside Support	4,000.00	4,000.00
	07/29/2020	96251	2nd Consulting Services for August	6039-90 · Other Outside Support	4,000.00	4,000.00

Johnson, Mark  
(no tax ID on file)

Total Johnson, Mark

Kaiser Foundation Health Plan

(no tax ID on file)

Total Kaiser Foundation Health Plan

Kelly, Diane  
(no tax ID on file)

Total Kelly, Diane

MCCLINTOCK & ASSOCIATES

25-1701013

Total MCCLINTOCK & ASSOCIATES

Moutos, Don  
(no tax ID on file)

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Type	Date	Num	Memo	Account	Original Amount	Paid Amount
Check	08/19/2020	96283	PAYMENTS MADE OVER \$6,425 PAST 90 DAYS	6039-90 · Other Outside Support	2,000.00	2,000.00
			One week September Consulting Services			17,500.00
Total Moutos, Don						
Norris & Stevens, Inc. 93-0570087						
Bill	06/29/2020	06012020	Office Rent	6063-70 · Rent	4,340.00	4,340.00
Bill	06/29/2020	06012020	CAM and Insurance	6028-90 · General Insurance	746.00	746.00
Bill	06/29/2020	06012020	Property Tax	6563-70 · Taxes/Licenses	606.00	606.00
Bill	07/29/2020	04012020	Office Rent	6063-70 · Rent	4,340.00	4,340.00
Bill	07/29/2020	04012020	CAM and Insurance	6028-90 · General Insurance	746.00	746.00
Bill	07/29/2020	04012020	Property Tax	6563-70 · Taxes/Licenses	606.00	606.00
Bill	07/29/2020	05012020	Office Rent	6063-70 · Rent	4,340.00	4,340.00
Bill	07/29/2020	05012020	CAM and Insurance	6028-90 · General Insurance	746.00	746.00
Bill	07/29/2020	05012020	Property Tax	6563-70 · Taxes/Licenses	606.00	606.00
Bill	07/29/2020	07012020	Office Rent	6063-70 · Rent	4,340.00	4,340.00
Bill	07/29/2020	07012020	CAM and Insurance	6028-90 · General Insurance	746.00	746.00
Bill	07/29/2020	07012020	Property Tax	6563-70 · Taxes/Licenses	606.00	606.00
Total Norris & Stevens, Inc.						
The Round Owner, LLC (no tax ID on file)						
Bill	06/15/2020	NO003272	Common Area Maintenance	6028-90 · General Insurance	579.27	579.27
Bill	06/15/2020	NO003272	Common Area Maintenance	6028-90 · General Insurance	579.27	579.27
Bill	06/15/2020	NO003272	Base rent	6063-70 · Rent	28,438.22	28,438.22
Bill	06/15/2020	NO003272	Common Area Maintenance	6028-90 · General Insurance	579.27	579.27
Bill	07/29/2020	061720	2020 Backflow Device Testing	6093-70 · Repairs & Maint.	62.40	62.40
Bill	07/29/2020	NO003272	Base rent	6063-70 · Rent	28,438.22	28,438.22
Bill	07/29/2020	NO003272	Common Area Maintenance	6028-90 · General Insurance	579.27	579.27
Total The Round Owner, LLC						
Watumull Goose Hollow #505 99-0250442						
Bill	06/29/2020	0601020	Base Rent	6063-70 · Rent	13,810.67	13,810.67
Bill	06/29/2020	0601020	CAM and Insurance	6028-90 · General Insurance	1,582.00	1,582.00
Bill	06/29/2020	0601020	Property Tax	6563-70 · Taxes/Licenses	3,160.00	3,160.00
Bill	07/29/2020	0401020	Base Rent	6063-70 · Rent	13,810.67	13,810.67
Bill	07/29/2020	0401020	CAM and Insurance	6028-90 · General Insurance	1,582.00	1,582.00
Bill	07/29/2020	0401020	Property Tax	6563-70 · Taxes/Licenses	3,160.00	3,160.00
Bill	07/29/2020	0501020	Base Rent	6063-70 · Rent	13,810.67	13,810.67
Bill	07/29/2020	0501020	CAM and Insurance	6028-90 · General Insurance	1,582.00	1,582.00
Bill	07/29/2020	0501020	Property Tax	6563-70 · Taxes/Licenses	3,160.00	3,160.00
Bill	07/29/2020	0701020	Base Rent	6063-70 · Rent	13,810.67	13,810.67
Bill	07/29/2020	0701020	CAM and Insurance	6028-90 · General Insurance	1,582.00	1,582.00
Bill	07/29/2020	0701020	Property Tax	6563-70 · Taxes/Licenses	3,160.00	3,160.00
Total Watumull Goose Hollow #505						
Wilke, Brian (no tax ID on file)						
Check	07/13/2020	96213	Consulting Services	6039-90 · Other Outside Support	4,737.68	4,737.68
Check	07/29/2020	96243	Consulting Services	6039-90 · Other Outside Support	4,737.68	4,737.68
Total Wilke, Brian						
Wing, Shauna (no tax ID on file)						
Check	07/13/2020	96219	1st Consulting Services for July	6039-90 · Other Outside Support	616.00	616.00

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Type	Date	Num	Memo	Account	Original Amount	Paid Amount
Check	07/29/2020	96238	2nd Consulting Services for July	6039-90 · Other Outside Support	3,079.20	3,079.20
Check	07/29/2020	96254	1st Consulting Services for August	6039-90 · Other Outside Support	3,336.00	3,336.00
Check	07/29/2020	96255	2nd Consulting Services for August	6039-90 · Other Outside Support	3,336.00	3,336.00
Total					10,367.20	10,367.20

Total Wing, Shauna